

Name
in
Full

Katharine Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

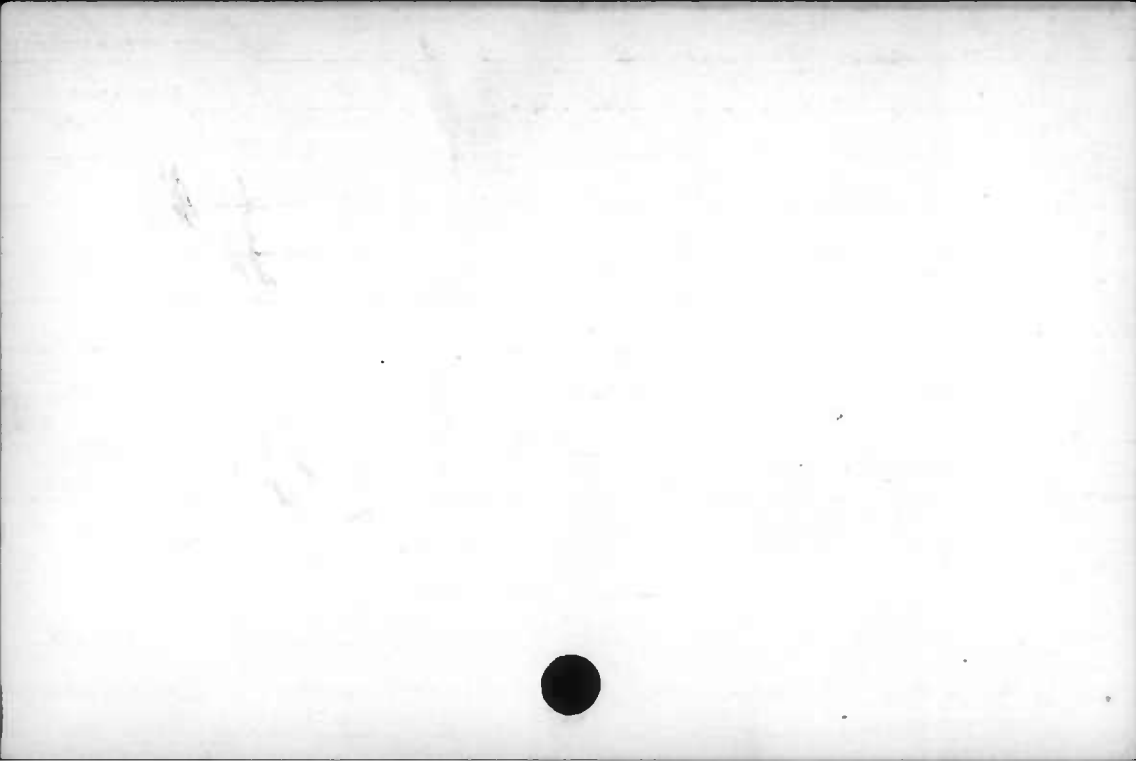
Died at <i>Sparrow Point</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1960</i>	Month <i>Jan</i>	Day <i>31</i>	Age <i>41</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>M.d.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Sparrow Point</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Patrick Allen</i>				
Father's Name <i>Mrs. Adam Schuyler</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Margaret Klinggreist</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving Information <i>Patrick Allen</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary <i>Parturition</i>	How long
Immediate <i>Uremic poisoning</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. C. McCormick M.D.</i>
	Address <i>Sparrow Point M.d.</i>
Accident or Suicide <i>no</i>	



Name
is
Full

Marvin Laskins Argabright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Roland Park		Baltimore					
Date of death	1960	Month	Jan	Day	27	Years	Age 22
						3	Months 18
Sex	Male		Color or Race	White		Birth-place	Virginia -
Occupation	Chauffeur -		Where Residing if not at place of death		Roland Park Md		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Joseph A. Argabright					Father's Birthplace	Elkton Virginia
Mother's Maiden Name	Josephine Laskins					Mother's Birthplace	Virginia
Name of person giving information	Floyd Argabright					How related to deceased	Brother

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia Lobar	How long	5 days
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Accident or Suicide?		No	

Signature of Physician

Address

M. Gibson Porter
Roland Park Md

St. Mary Hampden
Jan 29 - 1918

N.S. Marshall
3539 Falls Road

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

of death 1906

Month

Day

Age

Years

Months

Days

Sex

Occupation

Color or
Race

Birth-
place

Where Residing If not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicida

PHYSICIAN
OR CORONER

William Cook
302 E. North Ave

Funeral Saturday 2 PM

St Marys Cem
Hampden

Jan 8th 1909.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William George Athenson

Town *Glyndon* County *Baltimore* MARYLAND

Died at *Glyndon* *Baltimore*

Date of death 19*40* Month *January* Day *20th* Age *67* Years Months *10* Days *5*

Sex *male* Color or Race *White* Birth-place *Baltimore*

Occupation *Merchant* Where Residing if not at place of death *Glyndon*

Married, Single or Widowed *married* Name of Wife or Husband *Kate W. Athenson*

Father's Name *David Athenson* Father's Birthplace *England*

Mother's Maiden Name *Araminta Waters* Mother's Birthplace *Maryland*

Name of person giving Information *George W. Athenson* How related to deceased *Son*

CAUSES OF DEATH 444

PHYSICIAN
OR CORONER

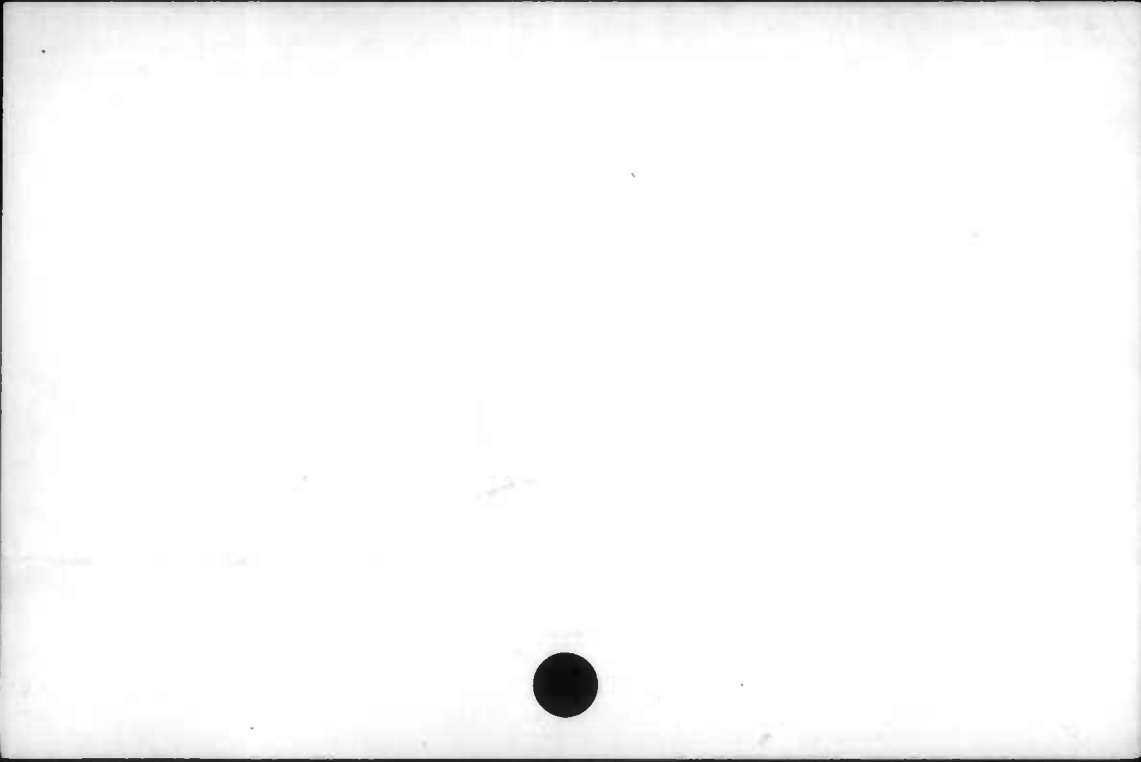
Primary *Epi theloma of face first on nose* How long *25 years*

Immediate *Athenia & on nose* How long *4 weeks -*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Irving Miller* Address *108 E. North Ave. Baltimore Md.*

Accident or Suicide



Name
in
Full

Mitchel, M. H. Ayers

CERTIFICATE OF DEATH

Died at ^{Town} Lutherwell^{County} Bolter

MARYLAND

Date
of death 1910

Month Jan

Day 20

Age

Years

Months 7

Days

Sex

male

Color or
Race

col

Birth-
place

md

Occupation

Infant

Where Residing if not
at place of death

Lutherwell

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Henry Ayers

Father's
Birthplace

md

Mother's
Maiden Name

Annie Brown

Mother's
Birthplace

md

Name of person giving
information

Henry Ayers

How related
to deceased

father

CAUSES OF DEATH

94

Primary

Broncho Pneumonia

How long

6 days

Immediate

Cardiac Asthenia

How long

2 1/2 hrs.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. Byers M.D.
Lutherwell md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

M. J. Cotton
Mt Zion
Long Green

Name
in
Full

Ollie Parish Baer

CERTIFICATE OF DEATH

Died at Cella Town Balto. County
Date of death 12/10 Month Jan. Day 14 Age 18 Years Months Days
Sex Female Color or Race White Birth-place Virginia
Occupation Weaver Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband none
Father's Name John H. Baer
Mother's Maiden Name Mary L. Henson
Name of person giving Information John H. Baer

Father's Birthplace Maryland
Mother's Birthplace Virginia
How related to deceased Father

CAUSES OF DEATH

Primary Intestinal Tuberculosis How long one year

Immediate Cardiac Asthenia & Pulmonary Edema How long 14 hrs

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

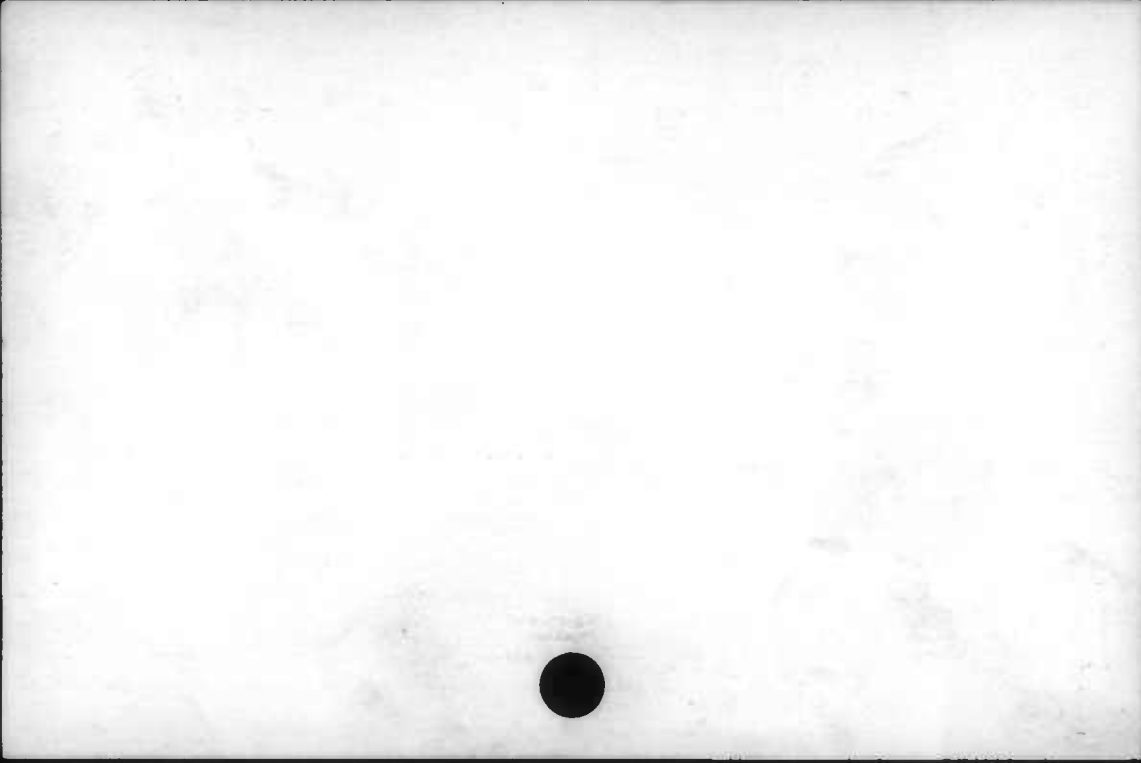
Frank L. Miller M.D.
Elliott City Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Walter Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Catonville		County Balto.		MARYLAND		
Date of death	1980	Month Jan	Day 17	Age 67	Months 10	Days 5	
Sex	Male		Color or Race	White		Birthplace	Balto. Ind
Occupation	Name		Where Residing if not at place of death		Catonville Ind.		
Married, Single or Widowed	Widower		Name of Wife or Husband	Anna Eliza Ball			
Father's Name	William		Father's Birthplace	Balto Ind.			
Mother's Maiden Name	Elizabeth Jarvey		Mother's Birthplace	Elk Ridge Ind.			
Name of person giving Information	Elizabeth Boyce		How related to deceased	Daughter			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Tubal Nephritis		How long	One year	
Immediate	Pulmonary Oedema		How long	4 days	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	D. W. Stutz Ind.	
			Address	Catonville Ind.	
Accident or Suicide					

Stewart & Mowen Co.
Funeral Directors
215 Park Ave
for interment - in
Green Mount Cemetery
Jan'y 19th / 10.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Leroy Worthy Barnett</i> <i>Hullville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1989</i>	Month <i>1</i>	Day <i>17</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto Md</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>Hullville Md</i>		
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Worthy Barnett</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Martina Milburn</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Mollie Tyler</i>			How related to deceased <i>Aunt</i>		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>One Hour</i>
Immediate	<i>Infantile Convulsions</i>	How long	<i>One Hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>August W. Miller, Coroner</i>
		Address	<i>Mr. Williams Balto Md</i>
Accident or Suicide?			

Julius Fred ^{and}
Wm. Anton

Name
in
Full

Terreinda S. Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hamilton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1960</u>	Month <u>1</u>	Day <u>23</u>	Age <u>88</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>Hamilton Md.</u>		
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>George R. Barnes</u>			
Father's Name <u>William Sufferin Jr.</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Florence Shulley's</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Mr. M. Hanley</u>			How related to deceased <u>Grandson</u>		

CAUSES OF DEATH

93

154

PHYSICIAN
OR CORONER

Primary <u>Severe Debility</u>	How long <u>several years</u>
Immediate <u>Pneumonia + Exhaustion</u>	How long <u>several days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S. G. E. Vogler M.D.</u>
	Address <u>Hamilton and Harford Sts.</u>
	<u>Hamilton Md.</u>
Accident or Suicide?	

Baltimore Cemetery

Albert C. Fuller
Funeral Director

Name
in
Full

Wilson Edgeworth Bird.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Roland Park		County Baltimore		MARYLAND	
Date of death		Month Jan	Day 19	Age 59	Months 11	Days 19	
Sex Male		Color or Race White		Birth- place Hancock Co., Ga.			
Occupation Retired Merchant		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Imogen Reid Bird					
Father's Name Wm Edgeworth Bird		Father's Birthplace Hancock Co., Ga.					
Mother's Maiden Name Sarah C. Baxter		Mother's Birthplace Athens, Ga.					
Name of person giving Information Harry Fielding Reid		How related to deceased Brother-in-law.					

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

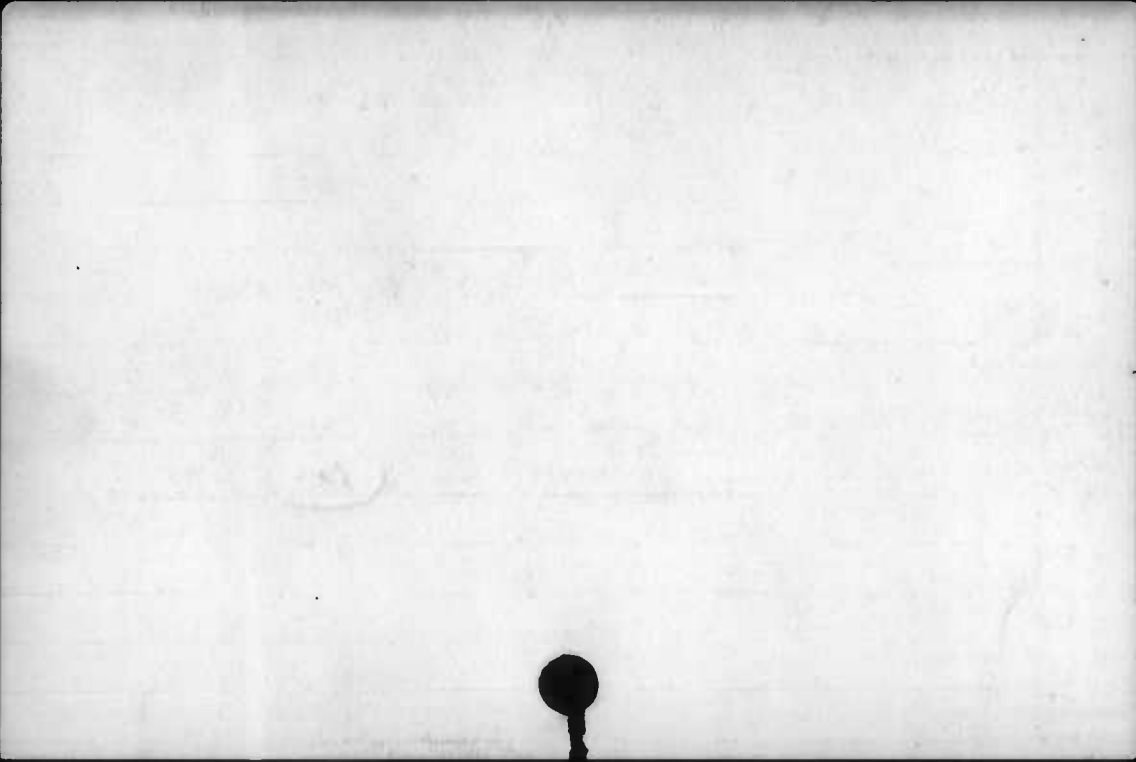
Primary	Lobar Pneumonia	How long	5 days -
Immediate	Cardiac failure.	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Thos W. Brown	
		Address	
		19 W. Broad St.	
Accident or Suicide		No.	

Place of burial Greenmount Cemetery

Henry W. Jenkins & Sons Co

Wm. Culloh & Richard St.
Baltimore Md.

Name in Full		Albert G. Bousall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Bradshaw		County Baltimore		MARYLAND	
	Date of death	1900	Month Jan	Day 9	Age 68	Years 9	Months 17
	Sex	Male		Color or Race	white		Birth-place
	Occupation	U.S.N. Engineer		Where Residing if not at place of death	Same		
	Married, Single or Widowed	Married		Name of Wife or Husband	Emily H. Bousall		
	Father's Name	Joseph Bousall		Father's Birthplace	Prussia		
	Mother's Maiden Name	Ellen M. Thowry		Mother's Birthplace	Prussia		
Name of person giving information	Harvey A. Anwand		How related to deceased	none			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Bright's disease				How long	Some months
	Immediate	urine poisoning				How long	48 hours -
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. F. H. Gossuth	
					Address	Folk Md	
<div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">1</div> Accident or Suicide? </div> <div>LIBRARY BUREAU 486616</div> </div>							



Name
in
Full

Leopold Bopp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lausdowne</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 19 <u>40</u>	Month <u>1</u>	Day <u>4</u>	Age <u>49</u>	Years <u>2</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Retired Baker</u>	Where Residing if not at place of death <u>Lausdowne</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Elizabeth Bopp</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Elizabeth Wierberg</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving Information <u>Patrick J. O'Brien</u>	How related to deceased <u>Son in law</u>				

CAUSES OF DEATH

Primary <u>Struck by train on B & O R.R.</u>	How long <u>Immediate</u>
Immediate <u>Concussion of brain</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>August W. Miller (Boone)</u>
	Address <u>Mr Wm. ... Balto. Md.</u>
Accident or Suicide <u>Accident</u>	

TO BE ANSWERED BY
CORNER

1

106

175

13

E. Harle-

Holy Redeemer

Cemetery -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Louis Bowen

Town *Towson* County *Baltimore* MARYLAND

Died at *Towson* *Baltimore*

Date of death 19*70* Jan *23* Age *79* Months *2* Days *12*

Sex *male* Color or Race *White* Birth-place *Towson*

Occupation *Fire Insurance Agent* Where Residing if not at place of death *Towson*

Married, Single or Widowed *Widower* Name of Wife or Husband *Mary A Bowen*

Father's Name *John Bowen* Father's Birthplace *MD*

Mother's Maiden Name *Lorilla Althric* Mother's Birthplace *MD*

Name of person giving Information *Henry C Keagy* How related to deceased *son-in-law*

PHYSICIAN
OR
CORONER

CAUSES OF DEATH

Primary *Physical + Mental decay* How long *Two years*

Paralysis How long *Thursday*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. H. Jarrett* Address *Towson*

~~Accident or Suicide~~

John Burns Sons
Treasors

Indiment in
Prospect Hill

Name
in
Full

Anna G. Brundel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>19</i>	<i>Jan.</i> ^{Month}	<i>13</i> ^{Day}	Age <i>86</i> ^{Years}	<i>6</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Germany.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>3116 Osborn St.</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George Lambrecht</i>	Father's Birthplace <i>Germany.</i>				
Mother's Maiden Name <i>Anna Brude</i>	Mother's Birthplace <i>Germany.</i>				
Name of person giving information <i>Mrs. Henry Becker</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>Failing six months</i>
Immediate <i>Exhaustion</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>L/20</i>	Signature of Physician <i>David W. Jones</i>
	Address <i>3116 Osborn St.</i>
Accident or Suicide? <i>—</i>	

H. S. Sanderling
Post Counsel Consulting
Feb. 3^d 1910

Mr. Sanderling,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Albert J Brooks*

Town *Pikesville* County *Baltimore*

Died at *Pikesville*

Date of death *1910* Month *1* Day *14* Age *68* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Teacher* Where Residing if not at place of death *Pikesville*

Married, Single or Widowed *Married* Name of Wife or ~~Husband~~ *Elizabeth Brooks*

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *Do not know* Mother's Birthplace *Do not know*

Name of person giving information *Albert C. Brooks, Jr.* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

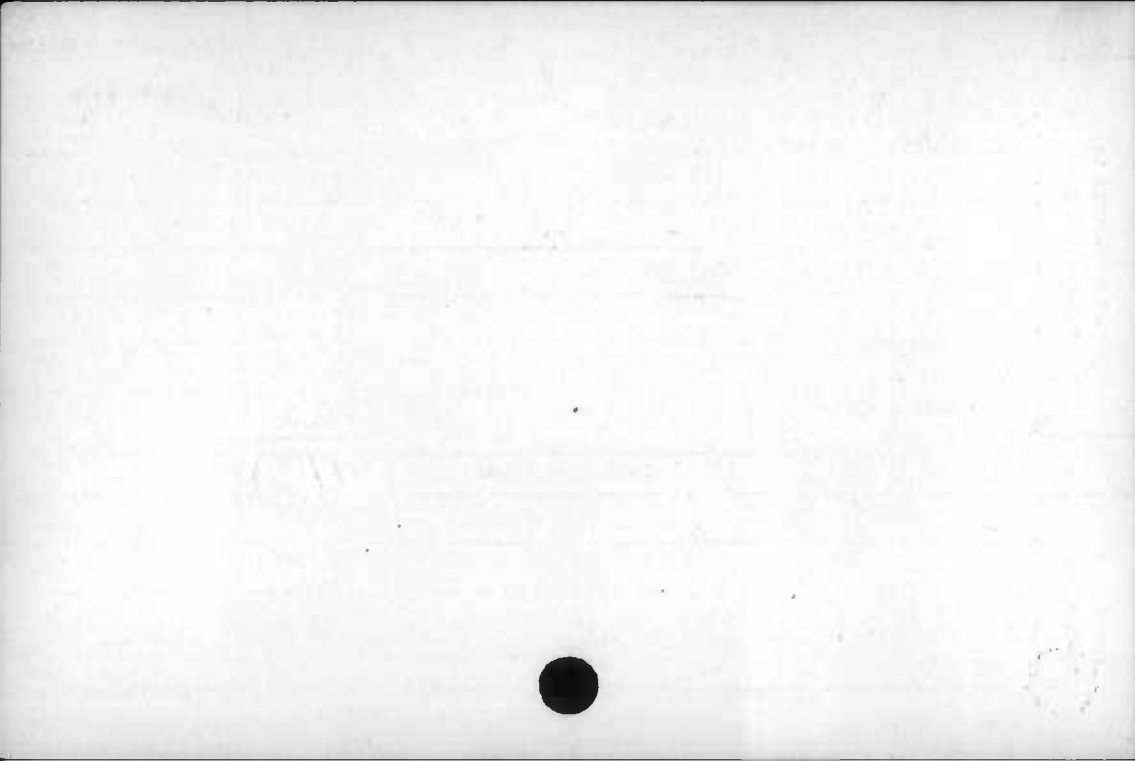
Primary *Hypertrophic hepatitis* How long *11 1/2* *don't know.*

Immediate *"* *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. C. M. M.* Address *Pikesville Md.*

Accident or Suicide? *27*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mary R Bursley*

Town

County

Died at

*Texas**Baltimore*

Date

Jan 20

Age

76

Months

11

Days

of death

Sex

*female*Color or
Race*white*Birth-
place*Texas Md*

Occupation

*none*Where Residing if not
at place of death*Texas*Married, Single
or Widowed*widow*Name of Wife or
Husband*Elemer C. Bursley*Father's
Name*Thos Dyr Coker*Father's
Birthplace*Baltimore*Mother's
Maiden Name*Sallie Lux*Mother's
Birthplace*Baltimore*Name of person giving
information*B. F. Bursley*How related
to deceased*son*

CAUSES OF DEATH

Primary

Fatty Degeneration of Heart

How long

about one yr.

Immediate

Pneumonia

How long

*14 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*B. F. Bursley*

Address

Texas Md

Accident or Suicide?

PHYSICIAN
OR CORONER

Place of burial, St. Joseph's Cemetery,

Texas, Balto., Co., Md.

Undertakers, Henry W. Mears & Son, Baltimore.

Name
in
Full

Elizabeth Burton.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cub Hill</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1910 January</i>		Month <i>24</i>		Day <i>28</i>		Age <i>28</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Balt. Co., Md.</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cub Hill</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Joshua Burton</i>		Father's Birthplace <i>Balt. Co., Md.</i>		Mother's Birthplace <i>Balt. Co., Md.</i>	
Father's Name <i>Benjamin Fowler</i>		Mother's Maiden Name <i>Cordelia Burton</i>		How related to deceased <i>Daughter</i>		Name of person giving Information <i>Cordelia Simms</i>	

CAUSES OF DEATH

Primary	<i>Acute Indigestion</i>	How long	<i>About 24 hours</i>
Immediate	<i>Heart Failure</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

*H. J. Harrison.
Loch Raven.*

Accident or Suicide

PHYSICIAN
OR CORONER

1

Whangke Chapel

Name
in
Full

Dorothy E Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oread Ave. Demore Park</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1910</i>	Month <i>Jan</i>	Day <i>2</i>	Age <i>—</i>	Years <i>—</i>	Months <i>8</i>	Days <i>15</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore city</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>X</i>			Name of Wife or Husband				
Father's Name <i>O. W. Butler</i>			Father's Birthplace				
Mother's Maiden Name <i>Annie Butler</i>			Mother's Birthplace				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

Primary

Tuberculous Meningitis

How long

?

Immediate

General Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

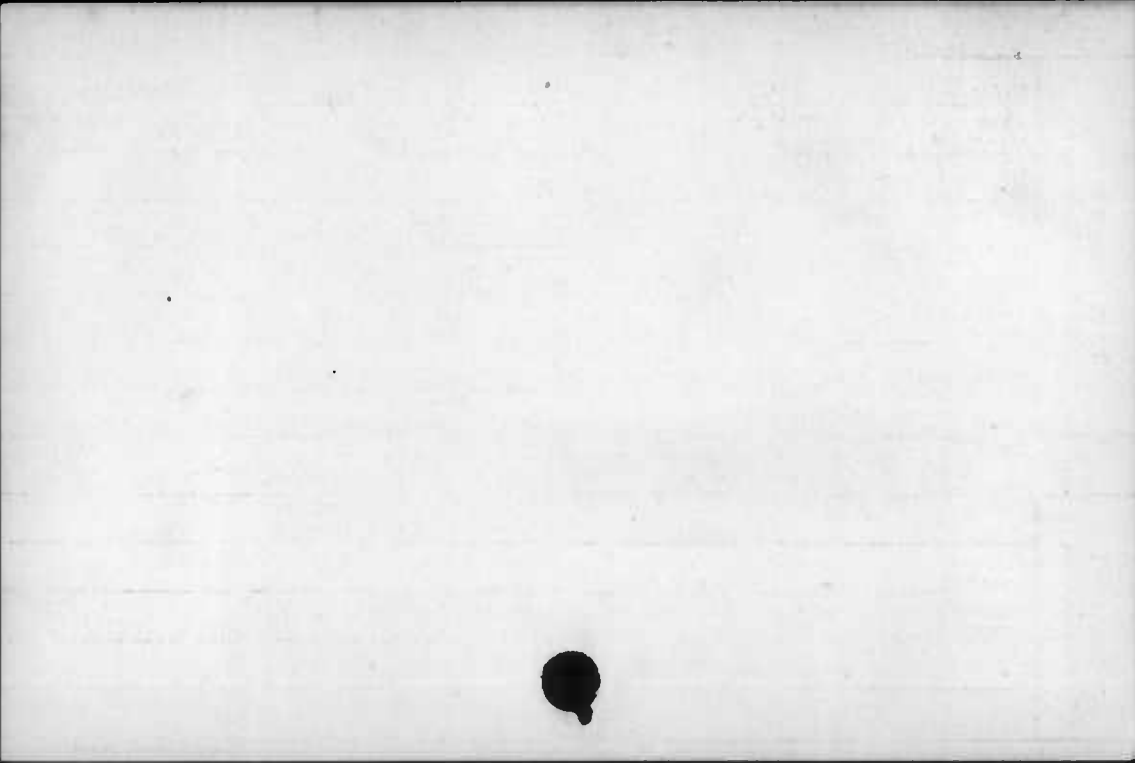
Signature of Physician

Address

Wesley Caldwell
2202 Garrison Ave

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Hath's L Cablett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Catonsville Town Baltimore County MARYLAND

Date of death 1900 Month Jan Day 8 Age 49 Years Months 1 Days 15

Sex F Color or Race white Birth-place Pa

Occupation none Where Residing if not at place of death Farmington N Va

Married, Single or Widowed Single Name of Wife or Husband Not known to me

Father's Name Not known to me Father's Birthplace Va

Mother's Maiden Name Not known to me Mother's Birthplace Va

Name of person giving Information Adm from his long card How related to deceased 74

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary BRAIN TUMOR How long Unknown

Immediate Exhaustion from same How long 24 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician John J. Gentry M.D.

Address Catonsville
MA

Accident or Suicide No

Madison Mitchell.
Farmington W Va

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Caffris</i>		Town <i>Catonsvillr</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Catonsvillr</i>		Month <i>Jan</i>		Day <i>31</i>		Years <i>50</i>	
Date of death <i>1990</i>		Month <i>Jan</i>		Day <i>31</i>		Years <i>50</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>New Orleans</i>		Months <i>3</i>	
Occupation <i>Labor</i>		Where Residing if not at place of death <i>Catonsvillr</i>		Days <i>20</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Janette Caffris</i>					
Father's Name <i>John Caffris</i>		Father's Birthplace <i>Spain</i>					
Mother's Maiden Name <i>Mary E Lyons</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving Information <i>Janette Caffris</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OF CORONER

Primary <i>Epilepsy</i>	How long <i>15 yrs.</i>
Immediate <i>Intoxal Regurg & Refructio.</i>	How long <i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Marshall B. West</i>
	Address <i>Catonsvillr</i>
Accident or Suicidal <i>No</i>	

Easton Iowa
Bonnie Bral-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

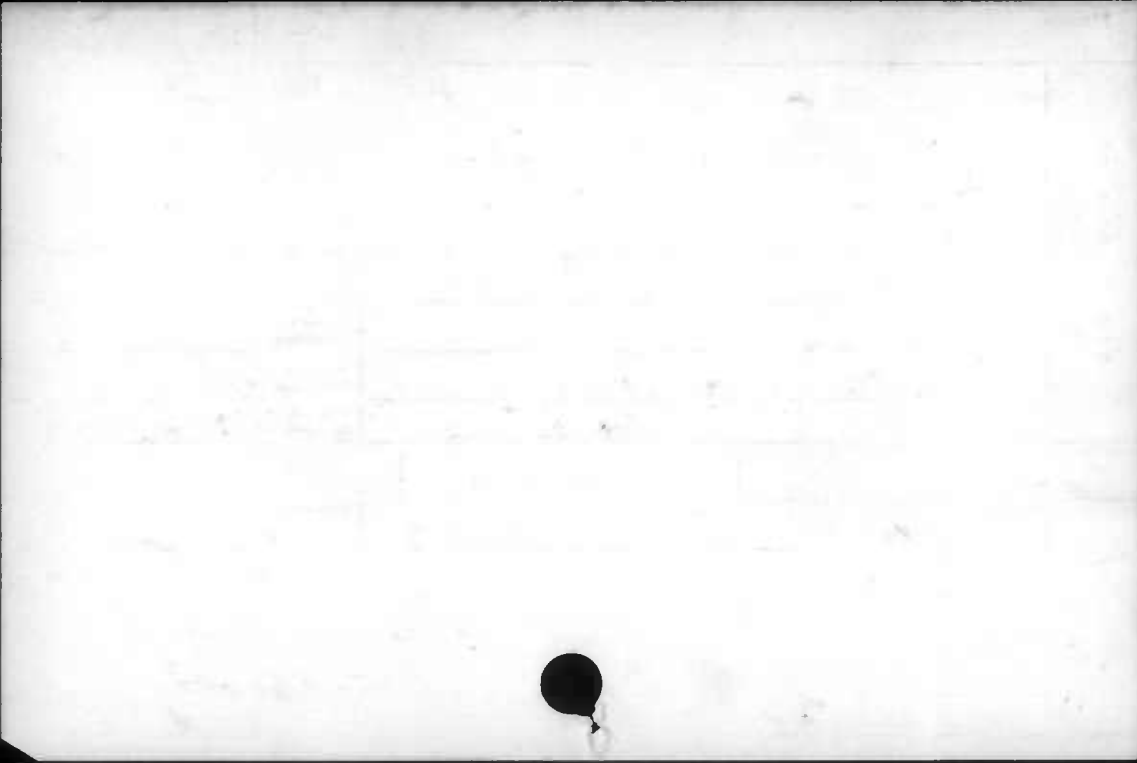
Name in Full		Town		County		MARYLAND	
Died at		Mt Hope Retreat		Baltimore			
Date of death		1910	Month	Day	Years	Months	Days
1910		Jan	-	15	Age	34	unknown
Sex		Male		Color or Race		White	
Occupation		Restaurant Keeper		Where Residing if not at place of death		Baltimore	
Married, Single or Widowed		Married		Name of Wife or Husband		not Known	
Father's Name		not Known		Father's Birthplace		not Known	
Mother's Maiden Name		"		Mother's Birthplace		"	
Name of person giving Information		Reverend Mt Hope Retreat		How related to deceased		not at all	

CAUSES OF DEATH

120

PHYSICIAN
OR
CORONER

Primary	Chr. Albumenuria	How long	over 1 year
Immediate	Ex. Cardiac Asthenia	How long	abt 1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Frank J. Flannery	
Address		Mt Hope Retreat Mt Hope Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Year	Months	Days	
1900		1	13	Mont, Age 69			
Sex	Male	Color or Race	Colored	Birth-place	Md.		
Occupation	Farm Laborer			Where Residing if not at place of death	Batts. Co. Rem. House		
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown				
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Mary Charms			Mother's Birthplace	Md.		
Name of person giving Information	House Register			How related to deceased	None		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Chronic Endocarditis	How long	3 months
Immediate	Coma	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wilmer C. Crook MD.
		Address	Cockeysville Md.
Accident or Suicide	No		

To be buried at Bath Co.
Alumhouse Jan 14/10 -
by W. C. Brooks -
Philopoli's Ind.

Name
in
Full

Bulah Chisholm

CERTIFICATE OF DEATH

MARYLAND

Died at Towson ^{Town} Balto. ^{County}

Date of death 1900 ^{Month} Jan ^{Day} 23 Age ^{Years} 28 ^{Months} 11 ^{Days} 23

Sex Female Color or Race white Birth-place Balto. Co.

Occupation Housewife Where Residing if not at place of death Towson

Married, ~~Single~~ Married Name of Wife or Husband Wm. Elmer Chisholm

Father's Name Thomas Pomy Barton Father's Birthplace Not Known

Mother's Maiden Name Melia McCaffins Mother's Birthplace Not Known

Name of person giving Information Wm. Elmer Chisholm How related to deceased Husband

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Pulmonary Tuberculosis ^{How long} about 2 years

Immediate Exhaustion from protracted tuberculosis ^{How long} few days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

H. J. Garrett
Towson
Md

Accident or Suicide

no

PHYSICIAN
OR CORNER

1

John Burns sons
Towns

Interment in
Prospect Hill

Name
in
Full

Morris Comen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>Jan</i>	Day <i>30th</i>	Age <i>—</i>	Months <i>1</i> Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co.</i>			
Occupation <i>None</i>	Where Residing <i>at place of death</i> <i>3234 Trait Ave.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John W. Comen</i>	Father's Birthplace <i>Balto. Md.</i>				
Mother's Maiden Name <i>Mary Spencer</i>	Mother's Birthplace <i>—</i>				
Name of person giving Information <i>John W. Comen</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

151

Primary	<i>Congenital Debility</i>	How long <i>4 weeks</i>
Immediate	<i>As Themia</i>	How long <i>—</i>
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>M. J. McAnany M.D.</i>	Address <i>839 S. Clinton St.</i>
Accident or Suicide		

PHYSICIAN
OR CORONER
1

Lilly & Zilber.

Sacred Heart. am.

Jan. 31st 1910

Name
in
Full

CERTIFICATE OF DEATH

Mary R. Corns

Town

County

MARYLAND

Died at

Parkville

Baltimore

Date

of death

1900

Month

Jan

Day

27

Age

71

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ired

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

William Corns

Father's
Name

Lord W. Mitchell

Father's
Birthplace

Ired

Mother's
Maiden Name

Elizabeth Parlet

Mother's
Birthplace

Ired

Name of person giving
Information

Elizabeth Pyble

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Paralysis
& debility

How long

2 mo

Immediate

How long

2 mo

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Henry G. Long, M.D.

Hamilton, Md.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Robt J Turner

Baltimore Cemetery

Jan 30/10

Name
in
Full

Lillie May Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

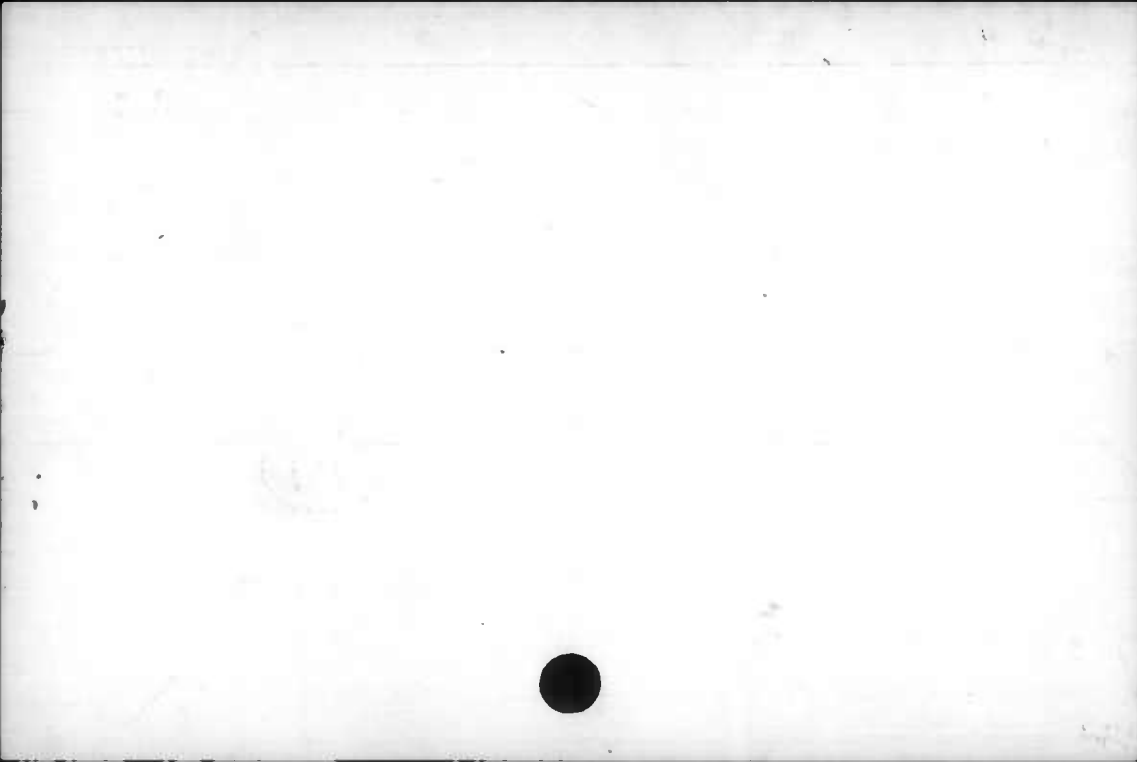
Died at <i>Near Cypress</i>		Town <i>Ballo-</i>		County		MARYLAND	
Date of death	19 <i>00</i>	Month	<i>1</i>	Day	<i>20</i>	Age	<i>0</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Cypress</i>		Months <i>0</i> Days <i>29</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wilson, M. Cox</i>		Father's Birthplace <i>Trenton Ind</i>					
Mother's Maiden Name <i>Hester May Thompson</i>		Mother's Birthplace <i>Evana Ind</i>					
Name of person giving Information <i>Wilson M Cox</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

151

PHYSICIAN
OR CORNER

Primary	<i>Quarasmus</i>	How long	<i>4 weeks</i>
Immediate	<i>Prostration Heart Failure</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr D. W. Fresh</i>	
		Address <i>Hampstead Ind</i>	
Accident or Suicide			



Name
in
Full

Mrs. Eleanor Crapster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

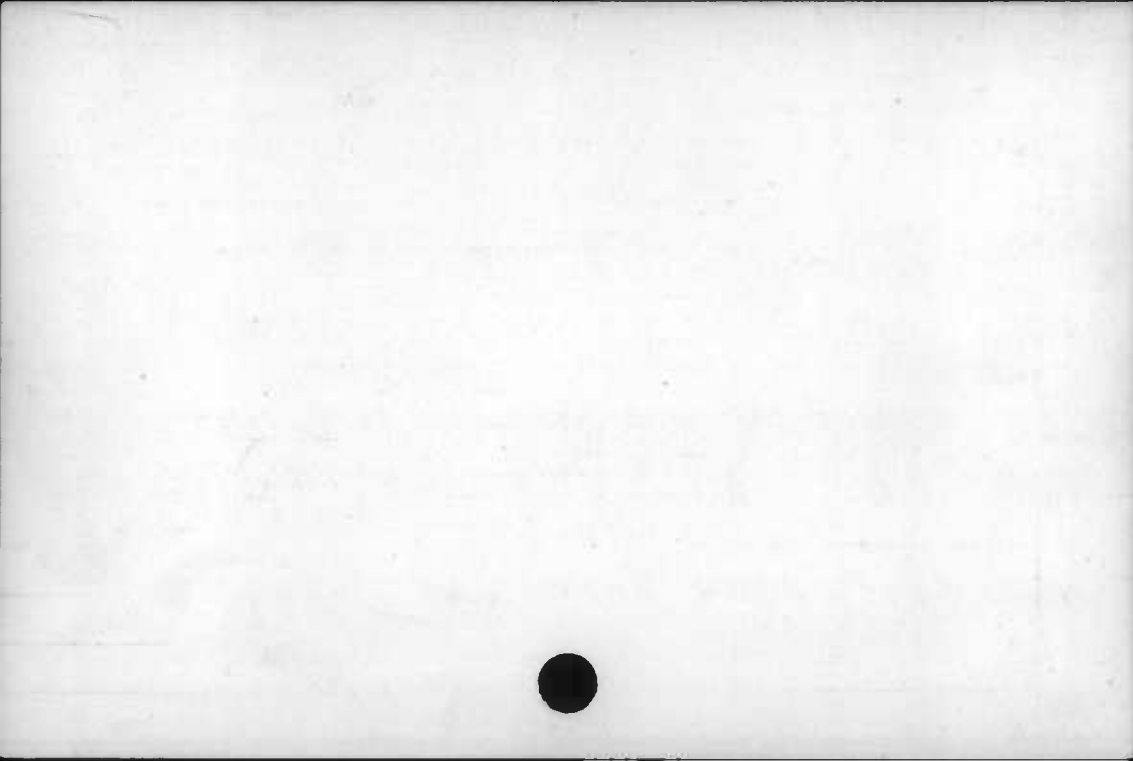
Died at *St. Agnes' Hospital* *Baltimore* Town CountyDate of death *1900* *Jan.* Month *23* Day *77* Age *77* Years Months DaysSex *Female* Color or Race *White* Birth-place *Md.*Occupation *None* Where Residing if not at place of death *Arlington Md.*Married, Single or Widowed *Widow* Name of Wife or Husband *Thaddeus Crapster (deceased)*Father's Name *Dr. H. G. Grimes* Father's Birthplace *Md.*Mother's Maiden Name *Leansadel Watkins* Mother's Birthplace *"*Name of person giving information *Mrs. Adile Moorhead* How related to deceased *Sister*

CAUSES OF DEATH

120

Primary *Chronic Nephritis; Mitral Insufficiency* How long *1 yr +*Immediate *Pulmonary Oedema* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Allen Graham M.D.*Address *St Agnes Hospital*Accident or Suicide? *No*PHYSICIAN
OR CORONER

1



Name
in
Full

Agnes Cravens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Hope Retriah		^{County} Beellmon		MARYLAND	
Date of death	1910	Month	Jan	Day	9th
Age	abt 70	Years		Months	not known
Sex	Female	Color or Race	White	Birth-place	Beellmon
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	not known		
Father's Name	not known			Father's Birthplace	not known
Mother's Maiden Name	"	"	"	Mother's Birthplace	" "
Name of person giving Information	Reeds Mt Hope			How related to deceased	not at all

CAUSES OF DEATH

(68)

Primary	Melancholia Chronic	How long	over 8 yrs
Immediate	Ex - Sen - Paralysis -	How long	abt 1 year
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Frank J. Lannery
		Address	Mt Hope Retriah
			Mt Hope Md.
Accident or Suicide			

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>Jan.</i>	Day <i>25</i>	Age	Years	Months	Days <i>18 hours</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Maryland</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Ernest Cronney</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Ella Vain</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving In formation	<i>Ernest Cronney</i>				How related to deceased	<i>Father</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Premature birth.</i>		How long	<i>7</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>Wright Sudler M.D. Comm</i>
			Address	<i>3326 C. Balt. St.</i>
Accident or Suicide?				<i>12</i>

3705 Bank St

Trinity Lane
Jan. 28/70
J. J. J. J. J.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

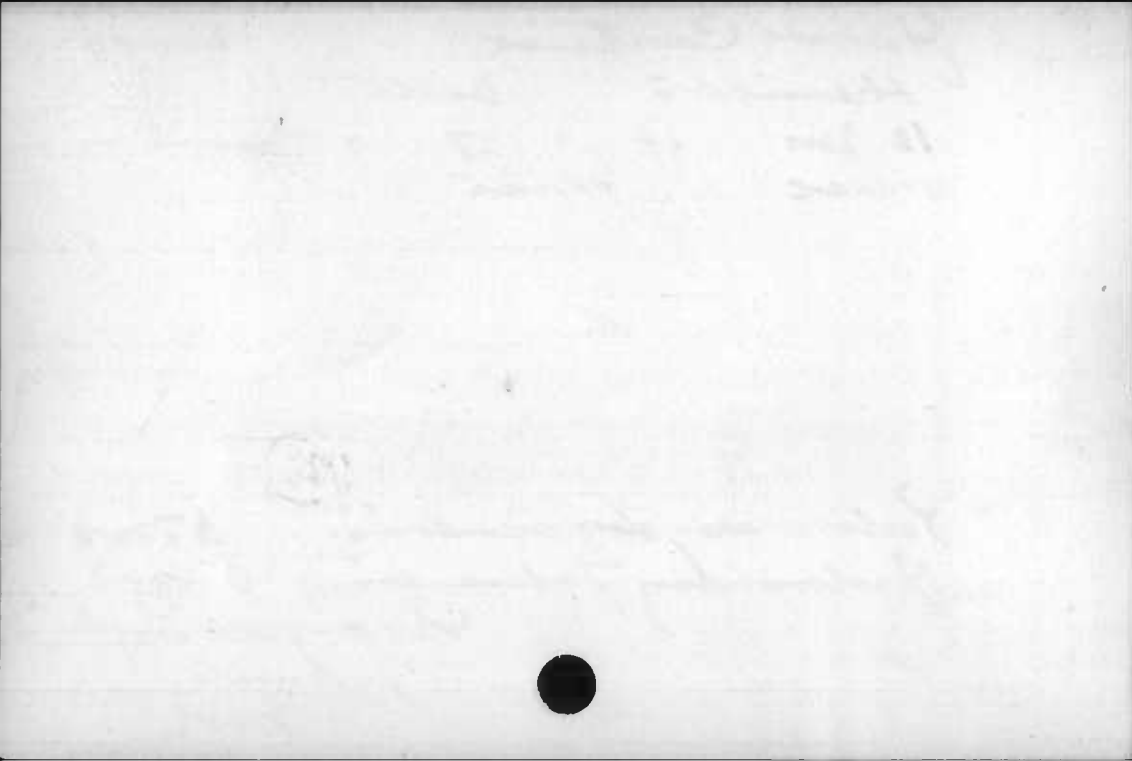
Name in Full <i>John T. Curly</i>		Town <i>St. Agnes Hospital</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>St. Agnes Hospital</i>		Date of death <i>1960 Jan. 2</i>		Age <i>70</i>		Months <i>70</i> Days <i>70</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>St. Agnes' Hospital</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry Roach Curly</i>		Father's Birthplace <i>Baltimore Md.</i>					
Mother's Maiden Name <i>Margt. Ambrosia Tox</i>		Mother's Birthplace <i>Harford Co. Md.</i>					
Name of person giving information <i>Barbara C. Toomey</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Asthma</i>		How long <i>2 yrs.</i>	
Immediate <i>Myocarditis</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Fredy Crook</i>	
		Address <i>St. Agnes Hospital</i>	
Accident or Suicide? <i>No</i>			



Name in Full		JAMES CARTAIN				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town HAMILTON		County BALTO		MARYLAND	
	Date of death	1960	Month Jan	Day 14	Age 57	Months none	Days none
	Sex	male		Color or Race	white		Birth-place
	Occupation	clerk		Where Residing if not at place of death Hamilton			
	Married, Single or Widowed	Name of Wife or Husband Eunice V. Cartain					
	Father's Name	Jacob Cartain				Father's Birthplace	Balto
	Mother's Maiden Name					Mother's Birthplace	Balto
Name of person giving information	Eunice V. Cartain				How related to deceased	wife	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div>(27)</div> </div>							
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	5 mos
	Immediate	Pulmonary Tuberculosis				How long	5 mos
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	George Long M.D.	
					Address	Hamilton	
(1)	Accident or Suicide?		no				

London Park.

Robt Turner
unductate

May Oliver

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julia Halssander

Town *St Agnes Hospital* County *Baltimore* MARYLAND

Died at *St Agnes Hospital*

Date of death *1900* Month *Jan.* Day *3* Age *26* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Italy*

Occupation *Housewife* Where Residing if not at place of death *8 Mc Larish St.*

Married, Single or Widowed *Married* Name of Wife or Husband *William Halssander*

Father's Name *Philip Paleube* Father's Birthplace *Italy*

Mother's Maiden Name *Mary Pademann* Mother's Birthplace *Italy*

Name of person giving information *Joe Blinnis* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OFFICER

Primary *Pneumonia* How long *2 weeks*

Immediate *Cerebral Hemorrhage* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Fred H. Cronk* Address *St Agnes Hospital*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Julia Walssander</i>		Town <i>Staggs Hospital</i>		County <i>Baltimore</i>		MARYLAND			
Died at <i>Staggs Hospital</i>		Date of death <i>1900 Dec 22</i>		Age <i>22</i>		Months <i>—</i>		Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Baltimore</i>					
Occupation <i>Chief</i>		Where Residing if not at place of death <i>8 McTear St.</i>							
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>Wm Walssander</i>		Father's Birthplace <i>Ala</i>							
Mother's Maiden Name <i>Julia Blinnis</i>		Mother's Birthplace <i>Ala</i>							
Name of person giving Information <i>Wm Walssander</i>		How related to deceased <i>Sister</i>							

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>		How long <i>—</i>	
Immediate <i>Asphyxia</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Fred Y Cronk</i>	
Accident or Suicide? <i>no</i>		Address <i>Staggs Hospital</i>	



Name
in
Full

John C. Saywalt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hamilton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1900 Jan.</u>	Month	Day <u>14</u>	Years <u>64</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore City</u>		
Occupation <u>Marine Engineer</u>			Where Residing if not at place of death <u>at Home.</u>		
Married, Single or Widowed <u>Married.</u>	Name of Wife or Husband <u>Isabell C. Saywalt</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>Germany</u>		
Mother's Maiden Name	Name of person giving information <u>Albert C. Saywalt</u>		How related to deceased <u>Son.</u>		

CAUSES OF DEATH

40

Primary <u>Cancer of Liver Heart Trouble</u>	How long <u>Two years</u>
Immediate <u>Heart trouble</u>	How long <u>same years</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. B. E. Vogler</u>
	Address <u>1232 S. ...</u>
Accident or Suicide? <u>No</u>	<u>Hamilton. Md.</u>

PHYSICIAN
OR CORONER

J Wesley Jackson & Co
745 N. Gay
Baltimore

Place of Burial
Western Cemetery
Jan 17. at 10 O'clock AM

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles Walter Deakins

Died at Calonsville ^{Town} Bellmon ^{County} MARYLAND

Date of death 1940 ^{Month} January ^{Day} 10 Age ^{Years} 5-3 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place Maryland

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name John Deakins Father's Birthplace Unknown

Mother's Maiden Name Amelia Crook Mother's Birthplace Unknown

Name of person giving Information Mrs. Sallie Deakins How related to deceased Sister in law.

CAUSES OF DEATH

Primary Carcinoma of Face

Immediate Exhaustion

How long 40 months

How long about one month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Frederick L. Pakendorf

Address

Coroner
Calonsville Md.

Accident or Suicide

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Rosie W. Deputy*
Died at *Highlandtown* ^{Town} *Balto.* ^{County}

MARYLAND

Date of death *1900* ^{Month} *Jan.* ^{Day} *23* Age ^{Years} *23* ^{Months} *4* ^{Days} *8*

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Fredricka Deputy*

Father's Name *Joseph Ford* Father's Birthplace *Md.*

Mother's Maiden Name *Annie Ferguson* Mother's Birthplace *Md.*

Name of person giving Information *Harry Ford* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Tuberculosis.* ^{How long} *27* *6 mos.*
Cardiac asthenia. ^{How long} *6 to 8 days*

Immediate *Yes* Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. M. Cloushaw*
Address *619 S. Chilton St.*

Accident or Suicide

Ho Sandr & Sam.
Chester Pa
Jan. 25th 1911

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Elizabeth Devese* Town *Woodlawn* County *Baltimore*

Died at *Woodlawn* *Baltimore* **MARYLAND**

Date of death *1966* Month *1* Day *17* Age *63* Months Days

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John T Devese*

Father's Name *John G. Gannon* Father's Birthplace *MD*

Mother's Maiden Name *Unknown* Mother's Birthplace *MD*

Name of person giving Information *Sarah C. House* How related to deceased *Sister*

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary *Carcinoma of Pylori* How long *1 year*

Immediate *Infection* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *A. C. Smith* Address *West T. Saint Paul*

Accident or Suicide *—*

Wm Cook.

Asburyton.

Name
in
Full

Myrtle Ruth Devanney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Highlandtown ^{County} Balto

Date of death 1910 Jan 30th Age 23

Sex Female Color or Race White Birth-place Virginia

Occupation House Wife Where Residing ~~if not~~ at place of death 26 N. Clinton St

Married, Single or Widowed Married Name of Wife or Husband Henry S. Devanney

Father's Name Alfred W. Showard Father's Birthplace Accomac Va.

Mother's Maiden Name Martha Green Mother's Birthplace Balto Md.

Name of person giving Information Henry S. Devanney How related to deceased Husband

CAUSES OF DEATH

137
How long

5 days.

How long

4 days.

PHYSICIAN
OR CORONER

1

Primary Cause of Death Purpura Septicemia

Immediate Cause of Death Inflammation

Are the name, age, sex, color, date and place correctly given above?

yes

Physician

Signature of Physician W. C. Cochran

Address 3314 E. Baltimore St

Accident or Suicide

Silly Mr. J. S. Siler

Oak Lawn Cemetery

Feb 1st 1910

Name
in
Full

CERTIFICATE OF DEATH

Diad et		Town <i>Cataunville</i>		County <i>Bolto</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		1	9				
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Cataunville</i>		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			<i>Phillip Dietz</i>		Father's Birthplace		
					<i>Bolto Co. Ind.</i>		
Mother's Maiden Name			<i>Margaret Aylent</i>		Mother's Birthplace		
					<i>Bolto. Co. Ind.</i>		
Name of person giving Information			<i>Phillip Dietz</i>		How related to deceased		
					<i>Father</i>		

CAUSES OF DEATH

Primary		How long	<i>(8)</i>
Immediate	<i>Stillborn</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	<i>D. M. Stultz M.D.</i>		
	Address		
	<i>Cataunville Ind.</i>		
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Texas</i> <small>Town</small>			<i>Balto</i> <small>County</small>			MARYLAND		
Date of death <i>1969</i>		Month <i>1</i>	Day <i>4</i>	Age <i>78</i>	Years <i>Unknown</i>	Months <i>Unknown</i>	Days <i>Unknown</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>			Birth-place <i>Ind.</i>			
Occupation <i>Teamster</i>				Where Residing if not at place of death <i>Balto. Co. Almshouse</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>House Register</i>				How related to deceased <i>Neph</i>				

CAUSES OF DEATH

(67)

Primary	<i>Dementia Paralytica</i>	How long	<i>3 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Werner C. Ensor</i>	
		Address <i>Cockeysville, Md.</i>	
Accident or Suicide? <i>No</i>			

PHYSICIAN
OR CORONER

John Burns & Sons
Towson

Interment in
Sandy Bottom

Cem.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah J Dodge* Town *Groans* County *Balts* **MARYLAND**

Died at *Groans*

Date of death 1900 Month *1* Day *4* Age *68* Years Months *6* Days *—*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Chas. S Dodge*

Father's Name *Wm Barry* Father's Birthplace *Md*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving Information *Chas S Dodge* How related to deceased *Husband*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular Heart Disease* How long *many years*

Immediate *Exertion* How long *In a moment*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. H. Duncan*

Address *Groans town Md.*

Accident or Suicide *1*

Wm Crak

Loudon Park

Friday

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Willigam Powell Egerton
 Died at ^{Town} Roland Park ^{County} Baltimore
 Date of death 1910 Jan'y 9th Age 44^{Years} 4^{Months} 18^{Days}
 Sex Male Color or Race White Birth-place Maryland
 Married, Single or Widowed Occupation

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?

Please grant Permit to
bury in Green Mount
Cemetery Jan'y 11th 1910
and oblige

Stewart & Mowen Co
Jan'y 10/10

Name
in
Full

Agnes Helen Federline

CERTIFICATE OF DEATH

Died at ^{Town} Irvington^{County} Baltimore

MARYLAND

Date

of death

190

Month

Jan

Day

18

Age

Years

—

Months

2

Days

28

Sex

female

Color or
Race

white

Birth-
place

Irvington Md

Occupation

child

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

John T. Federline

Father's
Birthplace

Howard Co

Mother's
Maiden Name

Mary A. Mulcahy

Mother's
Birthplace

Howard Co

Name of person giving
information

John T. Federline

How related
to deceased

father

CAUSES OF DEATH

Primary

Gastro-Intestinal Intoxication

How long

2 weeks

Immediate

General Asthenia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

N W Jones M D
Irvington

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Wm B. Crothas

231 S. Stricker St.

Baltimore, Md.

Name
in
Full

Emma Lucine Fiedler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bonville Town Balto Co. County MARYLAND

Date of death 1905 Month Jan'y. Day 12 th Age 21 Years Months 2 Days 17

Sex Female Color or Race White Birth-place Balto.

Occupation Florist Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Ernest W. Fiedler Father's Birthplace Germany

Mother's Maiden Name Emma Crall Mother's Birthplace Germany

Name of person giving Information Mrs Martha Stolt How related to deceased Sister

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 27 9 mo

Immediate Wasting & Wreckers How long 4 mo

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician E. A. Smith M.D.

Address 1605 W North av. 14
Balto. Md.

Accident or Suicide ☐

PHYSICIAN
OR CORONER

1

E. Schloman & Son
1039 Hanover st
London Park Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Louise Fellingner</i>		Town <i>Pimlico</i>		County <i>Baltimore</i>		State MARYLAND	
Died at <i>Pimlico</i>		Month <i>1</i>		Day <i>13</i>		Years <i>62</i>	
Date of death <i>1940</i>		Month <i>1</i>		Day <i>13</i>		Years <i>62</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Baltimore Md.</i>		Months <i>—</i>	
Occupation <i>House</i>		Where Residing if not at place of death <i>Pimlico Baltimore Md.</i>		Days <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Baltimore Md.</i>	
Father's Name <i>John Fellingner</i>		Mother's Maiden Name <i>Mary M. Fellingner</i>		How related to deceased <i>Sister</i>		Name of person giving Information <i>Jennie Fellingner</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Heart Failure & Embolism</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. D. Wells</i>
Address <i>East Heights Md.</i>	
Accident or Suicide <i>No</i>	

Just 3 Brook
1003 W 3rd St

New Cathedral Cem

Jan 17 1980.

New Cathedral Cemetery

Name
in
Full

Alta Leona Fishpaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Warren		Balto.					
Date of death	1900	Month	Jan.	Day	31	Age	1
						Months	5
						Days	24
Sex	Female		Color or Race	White		Birth-place	Ind.
Occupation	None		Where Residing if not at place of death		Warren Ind.		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Walter Fishpaw				Father's Birthplace	Ind.	
Mother's Maiden Name	Alice Catherine Walty.				Mother's Birthplace	Ind.	
Name of person giving Information	Walter Fishpaw				How related to deceased	Father	

CAUSES OF DEATH

28

30

PHYSICIAN
OR CORONER

Primary	Tubercular Meningitis		How long	5 weeks
Immediate	Coma -		How long	3 hours -
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician	Wilmer C. Ensworth, M.D.
			Address	Cockeysville Ind.
Accident or Suicide	No.			

Funeral at Poplar

Feb. 2nd
" "

M. C. Brooks

Name
in
Full

William H. Fishman

CERTIFICATE OF DEATH

MARYLAND

Died at *Systa Sta. Greenspring Valley* *Balto.*
Town County

Date of death *1900* *1* *3* *76*
Month Day Years

Months *6* Days *—*

Sex *Male* Color or Race *white* Birthplace *Balto. Co.*

Occupation *Farmer* Where Residing if not at place of death *Systa Sta. Greenspring Valley Balto. Co.*

Married, Single or Widowed *Married* Name of Wife or Husband *Maggie Fishman*

Father's Name *Aquila Fishman* Father's Birthplace *Balto. Co.*

Mother's Maiden Name *Mary Woodens* Mother's Birthplace *Balto. Co.*

Name of person giving Information *Maggie Fishman* How related to deceased *wife*

CAUSES OF DEATH

120

Primary *Chronic Bright's Disease* How long *about 2 yrs*
and Valves Disease of the Heart. How long *Several yrs.*

Immediate *Yes* Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D. T. Bury M.D.*
Address *Jaxo Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

1

Interment at
Jesseup M. E. Cemetery
~~at~~ Cockeysville
Balt's Co.

John Burns Sons

Name
in
Full

Mary Flanagan

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Calaisville^{County} BaltoDate
of death 1910Month
JanDay
21

Age

Years
4Months
8Days
18

Sex

Female

Color or
Race

White

Birth-
place

Calaisville Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Thomas Jerome Flanagan

Father's
Birthplace

Howard Co Md

Mother's
Maiden Name

Nellie B. O'Connor

Mother's
Birthplace

Howard Co Md

Name of person giving
In formation

Thomas J Flanagan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pertussis

How long

3 weeks

Immediate

Bunches Pneumonia

How long

1 4

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Charles L. Kaufert Jr D

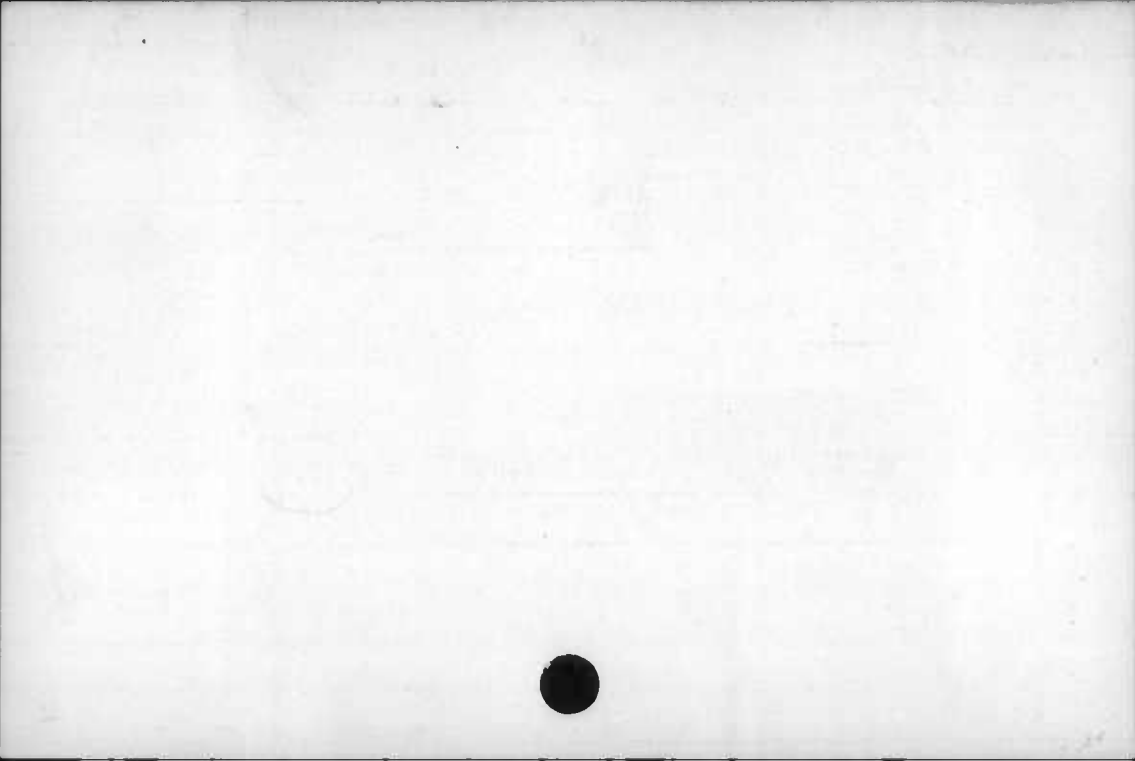
Address

Calaisville Md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J. Forbes

Town *Centur* County *Baltimore* MARYLAND

Died at *1114 S First St*

Date of death *1940* Month *January* Day *11* Age *26* Months *-* Days *-*

Sex *male* Color or Race *White* Birth-place *Baltimore Centur*

Occupation *Produce Dealer* Where Residing if not at place of death *1114 S First St Centur*

Married, ~~Single~~ *Widowed* Name of Wife or Husband *Allice R. Forbes*

Father's Name *Ally Forbes* Father's Birthplace *England*

Mother's Maiden Name *Ella Flynn* Mother's Birthplace *England*

Name of person giving Information *Allice R. Forbes* How related to deceased *7*

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary *Complication of disease* How long *2 1/2 years*

Immediate *Gastric Hemorrhage* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. D. James*

Address *3419 Elliott St.*

Accident or Suicida

~~Not given~~

Robert Turner
Mediator
to Holy Cross.

Name
in
Full

 CERTIFICATE OF DEATH
TO BE ANSWERED BY
NEAREST FRIEND

Baby Fountain

Town

County

MARYLAND

Died at Harrisonville

Balto

Date

of death

1900

Month

Jan

Day

3

Years

Age

—

Months

—

Days

—

Sex

male

Color or
Race

Black

Birth-
place

Harrisonville

Occupation

Where Residing if not
et place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Alfred Fountain

Father's
Birthplace

Easton, Md

Mother's
Meiden Nama

Julia Reed

Mother's
Birthplace

Harrisonville

Name of person giving
Information

Julia Fountain

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Still-born

How long

How long

Immadiate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Wm. E. Martin

Address

Rocky, Md.

Accident or Suicide

PHYSICIAN
OR CORONER

H. Hall, + J. Purdeman,
Cherry Hill Cemetery

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Phoenix* Town *Balto.* CountyDate of death 19*40* Month *1* Day *19* Age *48* Months *8* Days *21*Sex *Female* Color or Race *White* Birth-place *Ind.*
Occupation *Housewife* Where Residing if not at place of death *Phoenix Ind.*Married, Single or Widowed *Married* Name of Wife or Husband *John Fox*Father's Name *Isaac King* Father's Birthplace *Ind.*Mother's Maiden Name *Jemima Pierse* Mother's Birthplace *Ind.*Name of person giving Information *Chas. Fox.* How related to deceased *Stepson*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *27* monthsImmediate *Endocarditis* How long *1* monthAre the name, age, sex, color, date and place correctly given above? *Yes.*Signature of Physician *Wilmer E. Enos M.D.*
Address *Cockeyville Ind.*Accident or Suicide *No.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Jacksonville
Lutheran Cemetery Friday.

2, 1872

W. C. Brooks

Name
in
Full

CERTIFICATE OF DEATH

Warry. A. Frank

MARYLAND

Died at ^{town} Suther ville ^{County} Balto.

Date of death 1910 Jan 9 Age 5 Months 7 Days

Sex Female Color or Race white Birth-place Md.

Occupation None Where Residing if not at place of death Suther ville

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Chas. Frank Father's Birthplace Md.

Mother's Maiden Name Margaret Brown Mother's Birthplace Md.

Name of person giving Information Chas Frank How related to deceased Father

CAUSES OF DEATH

Primary (La Grippe) How long 10 Days

Immediate Capillary Bronchitis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Lt. Burton Sherrin
Ridgely Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



John Burns Sons
Towns
Interment in
St. Mary's
Grove

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Rosa Friskey

Died at Orangeroth Town Baltimore County MARYLAND

Date of death 1940 January Month 2 Day 2 Age — Years 2 Months 24 Days

Sex Female Color or Race White Birth-place Balts County

Occupation None Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Frederick Friskey Father's Birthplace Balts County

Mother's Maiden Name Annie Popp Mother's Birthplace Balts City

Name of person giving information Frederick Friskey How related to deceased Farther

CAUSES OF DEATH

99

PHYSICIAN
OR CORONER

Primary Pneumonia How long 4 days

Immediate Coroner How long —

Are the name, age, sex, color, date and place correctly given above? W. S. Sudler M.D.

Signature of Physician W. S. Sudler M.D.

Address 3323 E. Balto St.

Accident or Suicide? —

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER.

2334 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

Mr Carmel Cemetery
Jan 4/1900

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wm A Gallman Town **Hyland town** County **Balt**

Died at **Hyland town** Month **Jan** Day **9** Age **74** Years Months **5** Days **25**

Date of death **1960**

Sex **Male** Color or Race **White** Birth place **Bolt lev.**

Occupation **Contractor.** Where Residing if not at place of death **108 11th St**

Married, Single or Widowed **Married** Name of Wife or Husband **Jimina Gallman**

Father's Name **Moses G. Gallman** Father's Birthplace **Bolt lev**

Mother's Maiden Name **Martha Mac Cleman** Mother's Birthplace **Scotland**

Name of person giving Information **Jimina Gallman** How related to deceased **wife.**

CAUSES OF DEATH

Primary **Carcinoma of stomach** How long **about 2 yrs**

Immediate **Exhaustion** How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Geo J. Young
1735 N Broadway
Bity (120)

Accident or Suicide

PHYSICIAN
OR CORONER

1

Wm Cook.

502 Edworth Ave

London Park. Conn.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Gilmore Glenn

Died at Sparrow's Pt.

Town

County

Baltimore

MARYLAND

Date

of death 1940

Month

Jan

Day

24

Age

Years

-

Months

-

Days

9 hours

Sex

male

Color or
Race

white

Birth-
place

Sparrow's Pt.

Occupation

none

Where Residing if not
at place of death

-

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

James Glenn

Father's
Birthplace

del.

Mother's
Maiden Name

Ella Gilmore

Mother's
Birthplace

del.

Name of person giving
Information

James Glenn

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cardiac Insufficiency

How long

9 hours

Immediate

Cardiac Insufficiency

How long

9 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

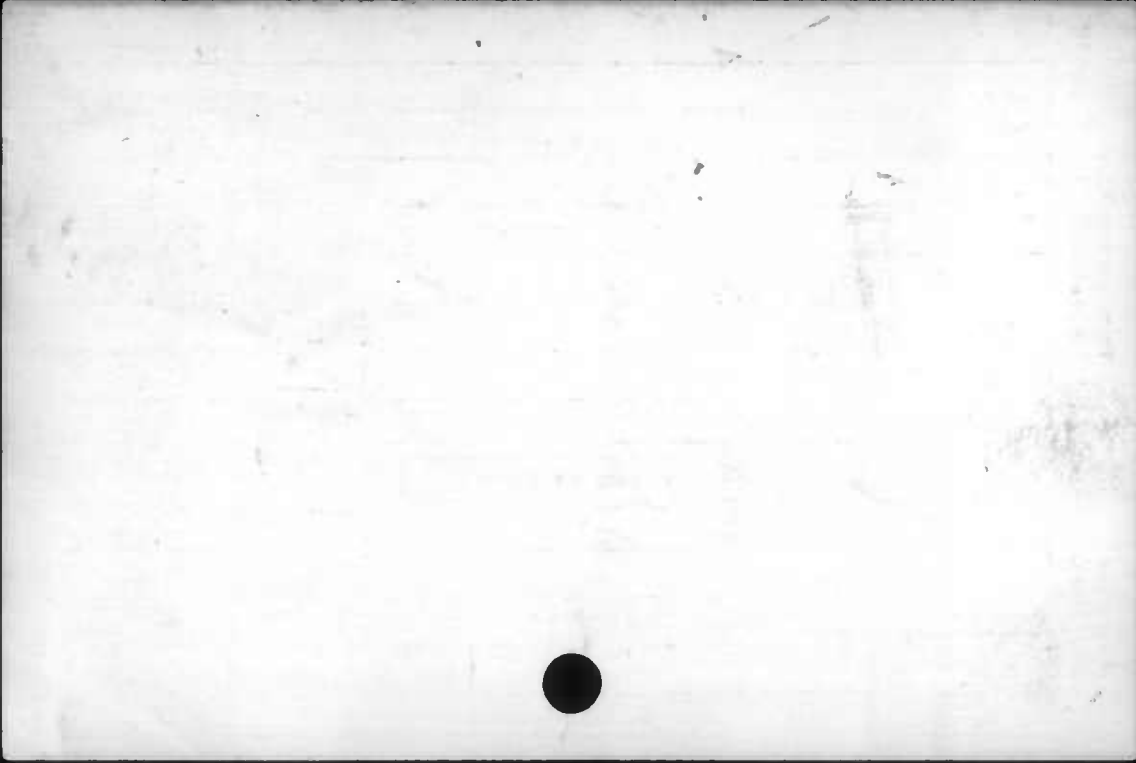
Signature of
Physician

Address

A.K. Peltzman M.D.
Sparrow's Pt.
Md.PHYSICIAN
OR CORONER

1

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Josephine Godfrey</i>		Town <i>Milvau</i>		County <i>Balt</i>		MARYLAND	
Died at <i>Milvau</i>		Date of death <i>1910 June 23</i>		Age <i>15</i>		Months <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Brown</i>		Birth-place <i>Howard Co Md</i>		Days <i>—</i>	
Occupation <i>Machin Operator</i>				Where Residing if not at place of death <i>212 Mr. Horn bldg</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Not known</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Not known</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>Supr. & Indur Horn</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>		How long <i>Three days</i>	
Immediate <i>Sudden Heart Failure</i>		How long <i>Half hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. W. Winzey MD</i>	
		Address <i>1220 E. Fayette St</i>	
Accident or Suicide?			

A. S. Marshall

3539 Felt Road

Jan 3 - 1909

Melvale Home Circle

Name
in
Full

martha A Gray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Catonsville ^{County} Balto

MARYLAND

Date of death 1940 ^{Month} Jan ^{Day} 27 ^{Age} 57 ^{Years} ^{Months} — ^{Days} —

Sex female ^{Color or Race} Colored ^{Birth-place} Balto Co

Occupation House wife ^{Where Residing if not at place of death} Catonsville, Md

Married, Single or Widowed widow ^{Name of Wife or Husband} James W. Gray.

Father's Name John E. Phumfries ^{Father's Birthplace} Sandy Spring Md

Mother's Maiden Name Mary J. Loogood ^{Mother's Birthplace} Elkridge Md

Name of person giving Information Mary E. Gray. ^{How related to deceased} Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary nephritis. ^{How long} 10

La Grippe ^{How long} 1 yr

Immediate 6 days

Are the name, age, sex, color, data and place correctly given above? yes

Signature of Physician Marshall B. West

Address Catonsville, Md

Accident or Suicide

R. A. Eliott undertaker
506. Rogers. ave. Baltocity
to Western Star Cemetery

Name
in
Full

Conrad Hamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Canton		^{County} Baltimore		MARYLAND	
Date of death 19	10	Month	Jan.	Day	20
Age		Years		Months	8
Sex		Male		Color or Race	White
Birth-place		Maryland			
Occupation		None			
Where Residing if not at place of death					
Married, Single or Widowed		Single			
Name of Wife or Husband					
Father's Name		Henry Hamer		Father's Birthplace	Maryland
Mother's Maiden Name		Carrie Mc Paul		Mother's Birthplace	Maryland
Name of person giving information		Henry Hamer		How related to deceased	Rather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia	How long	two weeks
Immediate	Toxemia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		ye	
Signature of Physician		W. L. Burke MD	
Address		3042 Hudson St	
Accident or Suicide?			

Mt Carmel
H. Sander & Sons
Jan 23rd 1910

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Heatersville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	<i>Jan</i> ^{Month}	<i>18</i> ^{Day}	Age <i>75</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Jeremiah Hames</i>				
Father's Name <i>Henry Sullivan</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>unk</i>	Mother's Birthplace <i>unk</i>				
Name of person giving Information <i>Arthur Hames</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary	<i>Melanoma</i>	How long <i>2 yrs</i>
Immediate	<i>Melanoma Disease of Heart</i>	How long <i>6 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>Harry Wade</i>
	<i>No</i>	Address <i>Heatersville Md</i>
Accident or Suicide <i>No</i>		

PHYSICIAN
OR CORONER

1

Mrs. C. Priest & Sons }
2041 E. Fulton Ave.
Hes.

Name
in
Full

Wm M. Harecourt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Raspensburg ^{Town} Balt. ^{County} **MARYLAND**

Date of death 1960 ^{Month} 1 ^{Day} 17 ^{Years} 59 ^{Months} 4 ^{Days} 17

Sex M. ^{Color or Race} Wh. ^{Birth-place} Va

Occupation Proof Reader ^{Where Residing if not at place of death}

Married, Single or Widowed M ^{Name of Wife or Husband} Eliz. Dirckson

Father's Name Wm M. Harecourt ^{Father's Birthplace} N.Y.

Mother's Maiden Name Mary E. Betz ^{Mother's Birthplace} Va

Name of person giving Information Robt R. Harecourt ^{How related to deceased} Son

CAUSES OF DEATH

77

PHYSICIAN
OR CORONER

Primary Pericarditis ^{How long} 2 weeks

Immediate Broncho-Pneumonia ^{How long} 5 days

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} A. J. Milneison

^{Address} Raspensburg, Md.

Accident or Suicide Neither

Chas J. Evans
118 W. Mt. Royal Ave
London Park Cema

Name
in
Full

Frederick Zone Hetterich

CERTIFICATE OF DEATH

Died at

Brehms Lane Balto

MARYLAND

Date

of death

1960

Month

1

Day

18

Age

Years

5

Months

Days

13

Sex

Male

Color or
Race

white

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Brehms Lane

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jacob Hetterich

Father's
Birthplace

Germany

Mother's
Maiden Name

Eliza Miller

Mother's
Birthplace

..

Name of person giving
Information

Eliza Hetterich

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Encephalitis -

How long

2 days

Immediate

Pulmonary Edema

How long

2 hours

Are the name, age, sex, color, date
end place correctly given above?

Yes,

Signature of
Physician

Address

Eugenio S. P. 2314 E. Balto St.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

146

Jerusalem
Cemetery

Name
in
Full

Edna Blanche Hoffman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

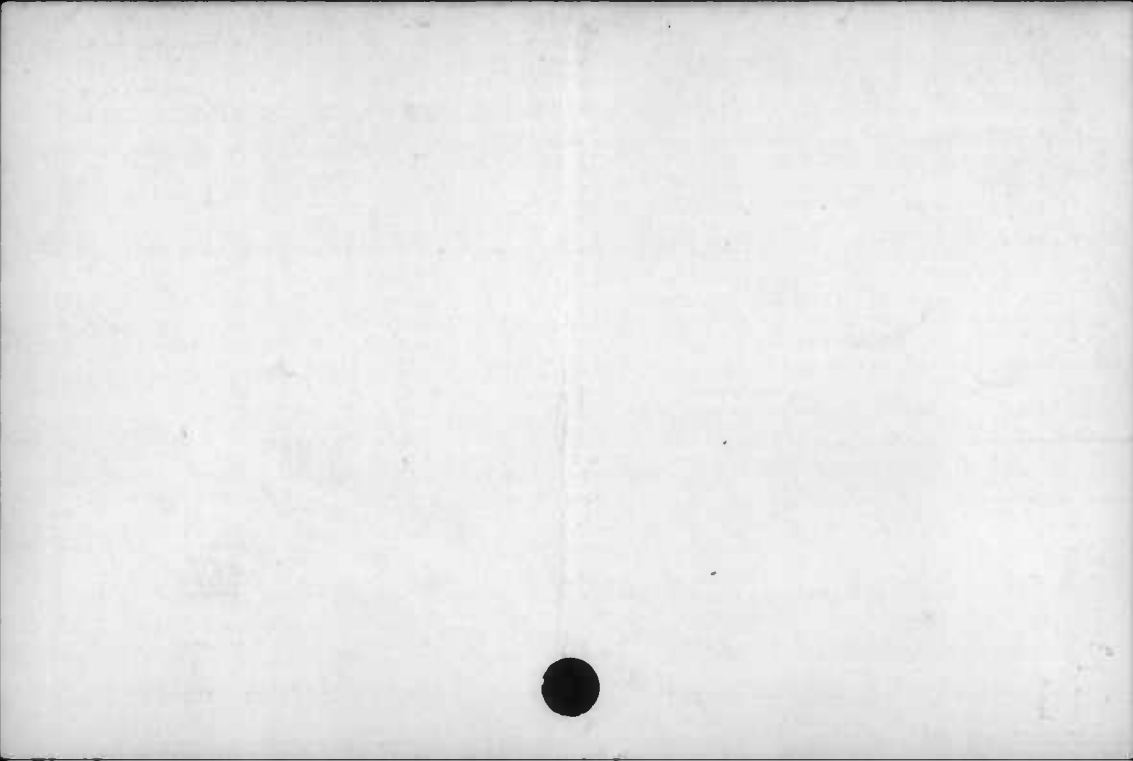
Died at <u>Freeland</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	19 <u>60</u>	Month <u>Jan.</u>	Day <u>16</u>	Age	Years <u>2</u> Months <u>21</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Co.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>Freeland Bldg Co.</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>William H. Hoffman</u>		Father's Birthplace <u>Baltimore Co.</u>			
Mother's Maiden Name <u>Annie E. Cooper</u>		Mother's Birthplace <u>Baltimore Co.</u>			
Name of person giving information <u>William H. Hoffman</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR
CORONER

Primary <u>Marasmus</u>	How long <u>1 month</u>
Immediate <u>Found dead in bed</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Joseph S. Baldwin</u>
	Address <u>Freeland</u>
Accident or Suicide? <u>—</u>	<u>Baltimore County</u>



Name
in
Full

CERTIFICATE OF DEATH

Margaret Ann Hogerty

Town

County

Died at St. Agnes HospitalBaltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1900Jan4

Age

39

Sex

FemaleColor or
RaceWhiteBirth-
placeEngland

Occupation

HousewifeWhere Residing if not
at place of deathPikesville MdMarried, Single
or WidowedMarriedName of Wife or
HusbandWilliam F. H. HogertyFather's
NameWilliam WilliamsFather's
BirthplaceEnglandMother's
Maiden NameunknownMother's
BirthplaceEnglandName of person giving
In formationWilliam F. H. HogertyHow related
to deceasedHusband

CAUSES OF DEATH

41

Primary

acute obstruction bowel (carcinoma colon)

How long

5 days

Immediate

acute obstruction bowel (adhesions)

How long

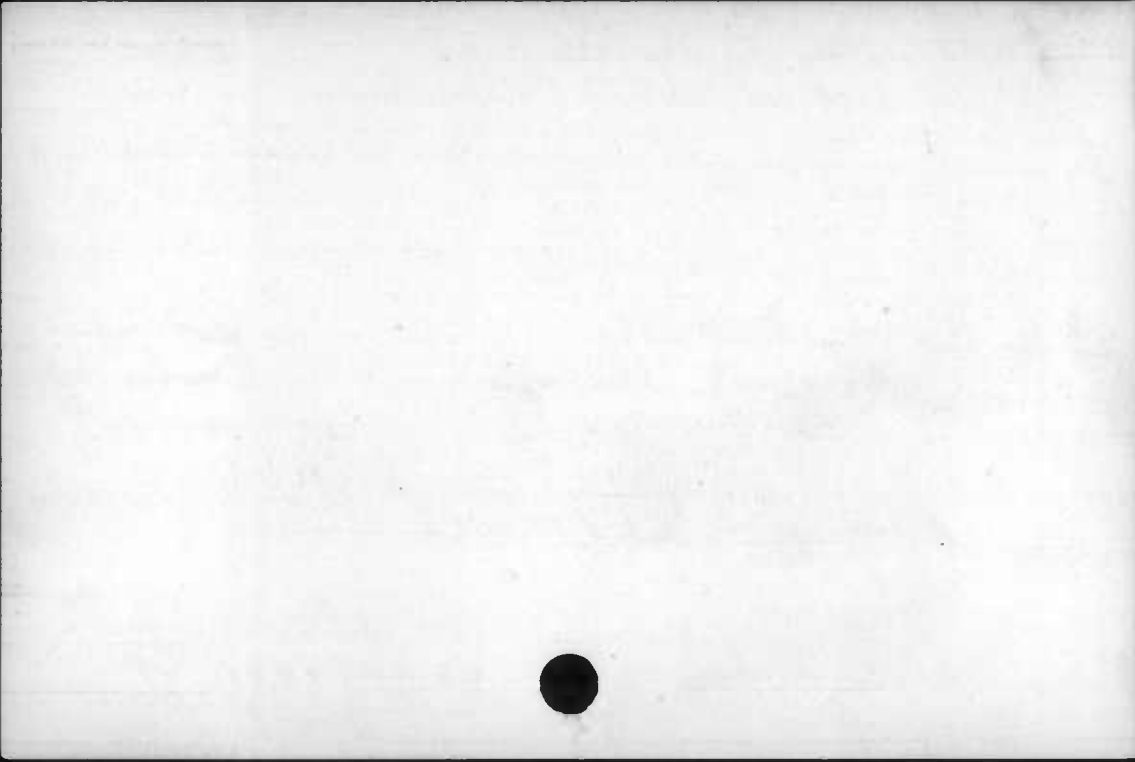
4 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

Fred W. Cronk
St. Agnes Hospital

Accident or Suicide?

NoTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Rafael Park

County

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1900

January

28

Age

—

Still born

Sex

Female

Color or
Race

White

Birth-
place

121 Woodburn Rd.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Henry D Holly's

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Elizabeth Burlingame

Mother's
Birthplace

Camden N.J.

Name of person giving
In formation

Henry D Holly's

How related
to deceased

Father

CAUSES OF DEATH

Primary

Hemorrhage behind Placenta

How long

L

Immediate

"

"

"

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. W. Do V. M. D.

Address

56 W Biddle St
Balto

9

Accident or Suicide?

—

undertakers

Henry H. Jenkins and Sons Co
McKenzie and Dr Charles Sts.

= London Park Cem.

January 29th 1910

Name
in
Full

Catherine M. Holtz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bovinstown ^{Town} Baltimore ^{County} MARYLAND
 Date of death 1980 Jan ^{Month} 17th ^{Day} Age 78 ^{Years} — ^{Months} — ^{Days}
 Sex Female Color or Race White Birth-place Baltimore Md
 Occupation none Where Residing if not at place of death —
 Married, Single or Widowed Married Name of ~~Wife~~ or Husband Randolph Holtz
 Father's Name Thomas Kehoe Father's Birthplace Ireland
 Mother's Maiden Name dont know Mother's Birthplace Ireland
 Name of person giving Information Randolph Holtz How related to deceased Husband

CAUSES OF DEATH

Primary Pneumonia ^{How long} 7 days
 Immediate Heart Exhaustion ^{How long} 1 day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. H. Dawson
Graustown

md

Accident or Suicide

George Schelling & Sons

N. W. Cor Airguth & Monument St

St Marys Swansboro Md

Name
in
Full

Elizabeth A. Hook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Bare Hill		Baltimore					
Date of death	1906	Month	1	Day	29	Age	79
Sex	Female	Color or Race	White	Birth-place	Maryland	Months	1
Occupation	Housekeeper	Where Residing if not at place of death	Bare Hill	Days	20		
Married, Single or Widowed	Married	Name of Wife or Husband	John F. Hook				
Father's Name	Samuel Hook	Father's Birthplace	Mo.				
Mother's Maiden Name	Sydney Ritter	Mother's Birthplace	Mo.				
Name of person giving Information	Thos. J. Hook	How related to deceased	Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Interstitial nephritis	How long	120
Immediate	Uremia	How long	Three days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
Accident or Suicide			

London Park

Morace Burgess
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beckleyville W. Va.</i>		Town <i>Beckleyville</i> County <i>W. Va.</i>		MARYLAND		
Date of death <i>1900</i>		Month <i>Jan.</i>	Day <i>29th</i>	Years <i>Age 46</i>	Months <i>4</i>	Days <i>18</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Beckleyville</i>		
Occupation		Where Residing if not at place of death <i>Beckleyville</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband				
Father's Name <i>B. Salbot</i>		Father's Birthplace <i>Ang.</i>				
Mother's Maiden Name <i>Miss Kallier</i>		Mother's Birthplace <i>W. Va.</i>				
Name of person giving information <i>Mrs Mary Pearson</i>		How related to deceased <i>Grand Daughter</i>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER
①

Primary <i>Heavy cold</i>	How long <i>Two three days</i>
Immediate <i>Spinal debility</i>	How long <i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. Hargrave M.D.</i>
	Address <i>Freeland, W. Va.</i>
Accident or Suicide?	



Name
in
Full

Eliza Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Warren* Town *Balto* County *MARYLAND*

Date of death *1900* Month *1* Day *6* Age *68* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Balto Co*

Occupation *House work* Where Residing if not at place of death *Warren*

~~Married~~ *Widow* Name of Wife or Husband *Jacob* *Lee*

Father's Name *John Howard* Father's Birthplace *Balto Co*

Mother's Maiden Name *Sarah Barton* Mother's Birthplace *Warren*

Name of person giving information *Mrs Edith Lynch* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Bright's* How long *2 yrs*

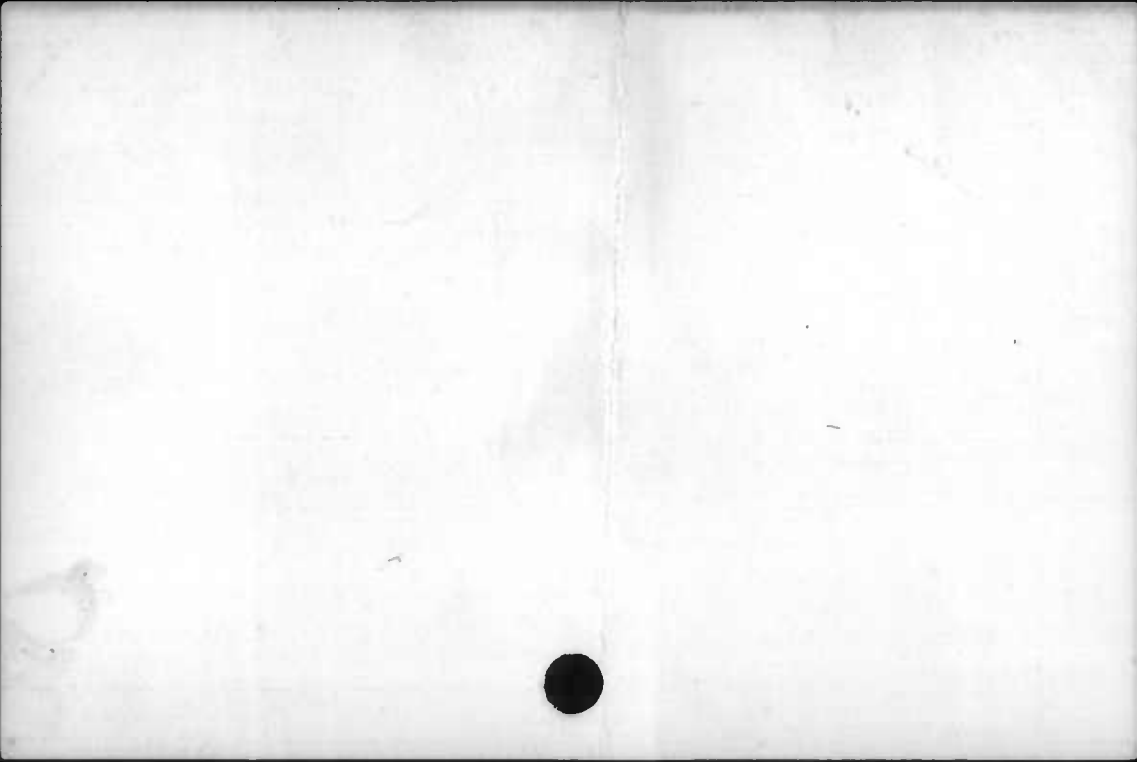
Immediate *Apoplexy & Paralysis* How long *54 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *B. T. Burrey*

Address *Texas Mt.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born infant *Hurst* ✓

Town *Sparrow Point* County *Balto* MARYLAND

Died at *Sparrow Point*

Date of death 19*00* Month *Jan* Day *29th* Age *—* Months *—* Days *—*

Sex *Female* Color or Race *col.* Birth-place *Sparrow Point*

Occupation *—* Where Residing if not at place of death *Sparrow Point*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Samuel Hurst* Father's Birthplace *Va*

Mother's Maiden Name *Annie Dawson* Mother's Birthplace *Va*

Name of person giving Information *Annie Dawson* How related to deceased *mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still born* How long *—*

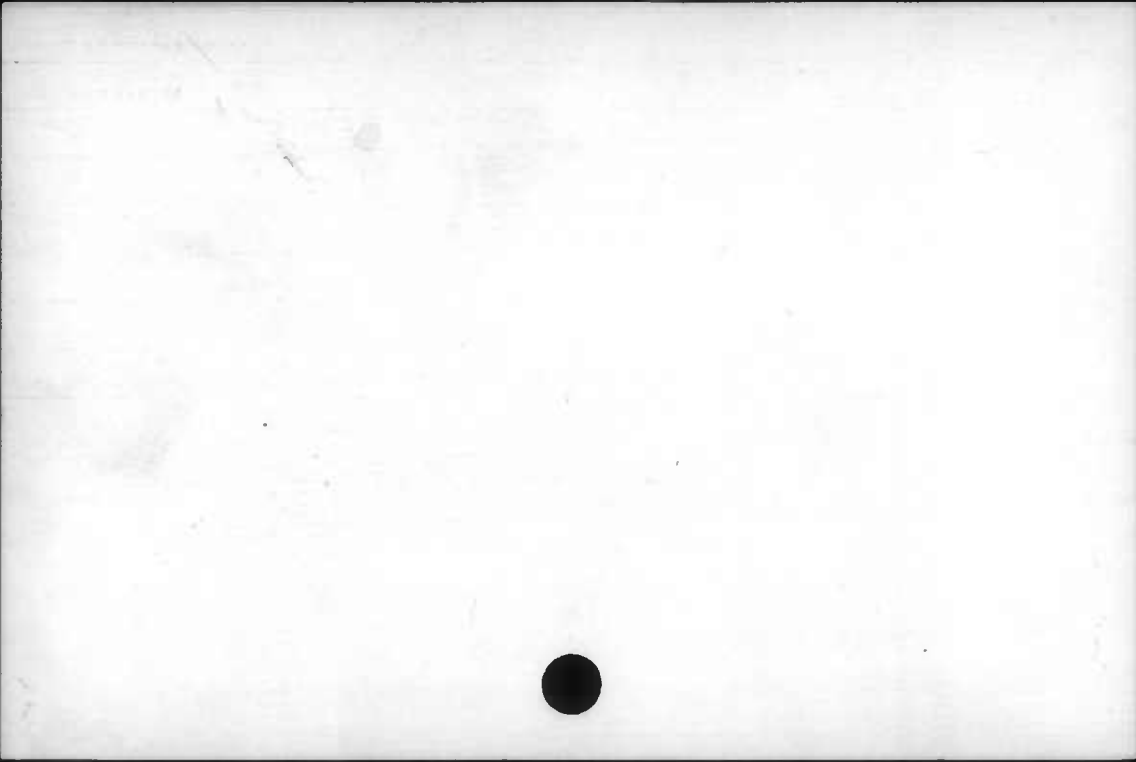
Immediate *Syphilis* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. K. McCormick MD*

Address *Sparrow Point Md*

Accident or Suicide *no*



Name
in Full

Georgia Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Towson</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month <i>Jan</i>		Day <i>5</i>		Years <i>59</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Harford Co</i>		Months <i>1</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Bel air</i>		Days <i>21</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>0</i>		Father's Birthplace <i>Harford Co?</i>			
Father's Name <i>James Jacobs</i>		Mother's Maiden Name <i>Elizabeth Hayko</i>		Mother's Birthplace <i>Bel air</i>			
Name of person giving Information <i>Frank Jacobs</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

Primary	<i>Senile dementia</i>	How long	<i>1-2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>about 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician	<i>W. R. Dunton, Jr</i>
Accident or Suicide <i>No</i>		Address	<i>S + E. P. Hospital Towson, Md. 9</i>

PHYSICIAN
OR CORNER

1

Mr. Cook
Rock Spring
Cem.
Hanford Co.
Ind.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Emily Jane Jackson</i>		Town <i>Wt. Washington</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Wt. Washington</i>							
Date of death <i>1980</i>		Month <i>January</i>	Day <i>3rd</i>	Age <i>59</i>	Months <i>4</i>	Days <i>17</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wt. Washington, Md.</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joseph Jackson</i>				Father's Birthplace <i>France</i>			
Mother's Maiden Name <i>Sarah Smith</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Shields C. H. Jackson</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aortic Insufficiency</i>	How long <i>Two year</i>
Immediate <i>Chronic Nephritis (Uremia) x</i>	How long <i>one year x 5 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Irving Miller</i>
	Address <i>108 E. North Ave.</i>
Accident or Suicide	Per. <i>Dr. Josiah S. Bowen</i> <i>Wt. Washington, Md.</i>

George Schilling & Sons
Assquith & Monument st Bolto Md
Funer at January 4th 1910 at 2 PM

Interment in St Marys Cemetery Hampden

Name
in
Full

Martha Jacoby

CERTIFICATE OF DEATH

Died at

Highlandtown

County

Balto

MARYLAND

Date

of death

1908

Month

1

Day

24

Age

Years

57

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

4007 Eastern Ave

Married, Single
or Widowed

Married

Name of Wife or
Husband

Theodore Jacoby

Father's
Name

Andrew Rueppel

Father's
Birthplace

Germany

Mother's
Maiden Name

Martha

Mother's
Birthplace

" "

Name of person giving
Information

Theodore Jacoby

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Chronic Interstitial Nephritis

How long

(120) for indefinite period

Immediate

Pulmonary edema

How long

2 months 27 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Morris Abramowitz

Address

1707 E. Baltimore St.
Balto. Md.

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Oak Lawn Cemetery

Jefferson

1/27/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry S. Jean* Town *Harrisonville* County *Balt.*
Died at
Date of death *1960* Month *Jan* Day *1st* Age *67* Years Months *7* Days
Sex *Male* Color or Race *White* Birth-place *Harrisonville*
Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or ~~Widowed~~ Name of Wife or Husband *—*
Father's Name *Wm P Jean* Father's Birthplace *Randallstown*
Mother's Maiden Name *Sadie Cusler* Mother's Birthplace *Herrwood*
Name of person giving Information *Alice J Jean* How related to deceased *sister*

CAUSES OF DEATH

Primary *Diabetes* How long *50* years
Immediate *Exhaustion* How long *7 years*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. A. V. Smith M.D.
Harrisonville
Ind.

Accident or Suicide

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Chas Jones

Died at *Poplar Heights* *Bullo* County *MARYLAND*

Date of death 190 *9* *Jun* *28* Age *36* Months *3* Days *3*

Sex *Male* Color or Race *Colored* Birth-place *Georgia*

Occupation *Labort* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Jennie Jones*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Jennie Jones* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Fall off a ledge* *Arterial hemorrhage* *How long* *164* *172*

Immediate *due to Fractured Skull* *How long* *Coroner*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *St. J. Luder, M.D.*

Address *3323 E. Bullo*

Accident *Accidental*

Undertaker —
Felix B. Oye. —
102 W. Mulberry St.

Asbury Cemetery
Jan. 30 - 1910.

Name
in
Full

CERTIFICATE OF DEATH

Blaine Jordan

Town

County

Died at

Kenton

Carroll Balto

MARYLAND

Date

1900

Month

Jan

Day

28

Age

Years

26

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Kenton, Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Grace Jordan

Father's
Name

George W Jordan

Father's
Birthplace

Balto. Co Md

Mother's
Maiden Name

Martha Warner

Mother's
Birthplace

Balto Co

Name of person giving
In formation

Geo. M Jordan

How related
to deceased

Son

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Two years

Immediate

Acute Indigestion

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

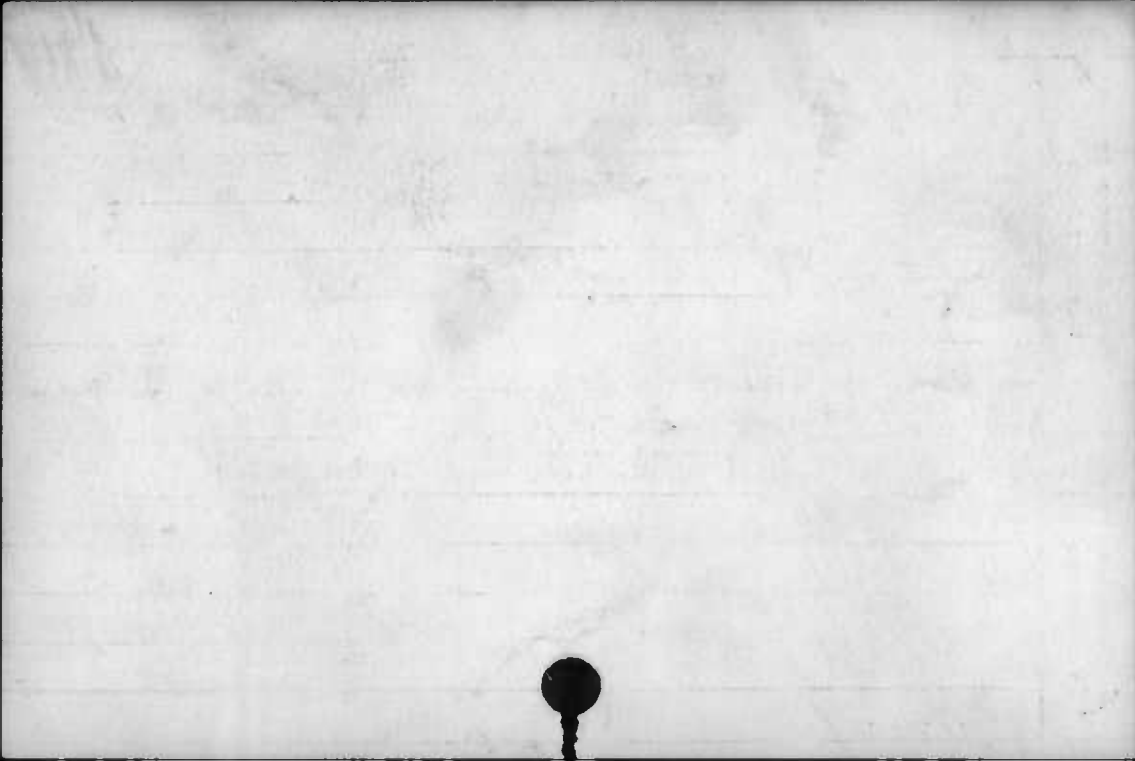
Signature of
Physician

Address

J. H. Preston M.D.
Hampstead
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Leslie Jordan

CERTIFICATE OF DEATH

Died at ^{Town} Brooklandville ^{County} Balto. MARYLAND

Date of death 1980 ^{Month} Jan ^{Day} 2 ^{Age} 28 ^{Months} ^{Days}

Sex male ^{Color or Race} white ^{Birth-place} England

Occupation Cookman ^{Where Residing if not at place of death} Brooklandville

Married, Single or Widowed Married ^{Name of Wife or Husband} Leslie Jordan

Father's Name ^{Father's Birthplace} William ^{England} ~~W. M. Jordan~~

Mother's Maiden Name ^{Mother's Birthplace} Bertha ^{England} ~~Gratist~~ Emily Jordan

Name of person giving Information ^{How related to deceased} Leslie Jordan wife

CAUSES OF DEATH

Primary Typhoid Fever ^{How long} 31 days

Immediate Cardiac Degeneration ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} H. Burlov Thmison

^{Address} Rider Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Burruss Sons
Towson.

Indemnity - at

Song Island

New York state

Name
in
Full

William F. Kacher

CERTIFICATE OF DEATH

Died at Banton Town Baltimore County MARYLAND

Date of death 1960 Month Jan. Day 19 Age 3 Years 21 Months 21 Days

Sex Male Color or Race White Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Frederick W. Kacher Father's Birthplace Maryland

Mother's Maiden Name Ethel B. Waltinger Mother's Birthplace Maryland

Name of person giving Information Frederick W. Kacher How related to deceased Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

91

Primary Pneumo Pneumonia How long 5 days

Immediate Exhaustion How long 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Herbert Schenck, M.D.

Address 1013 Banton St.

Accident or Suicide —

PHYSICIAN
OR CORONER

1

Mt. Carmel Country

Jan. 19th 1910

H. Sanders & Sons

Name
in
Full

Nicholas M. Kelly

CERTIFICATE OF DEATH

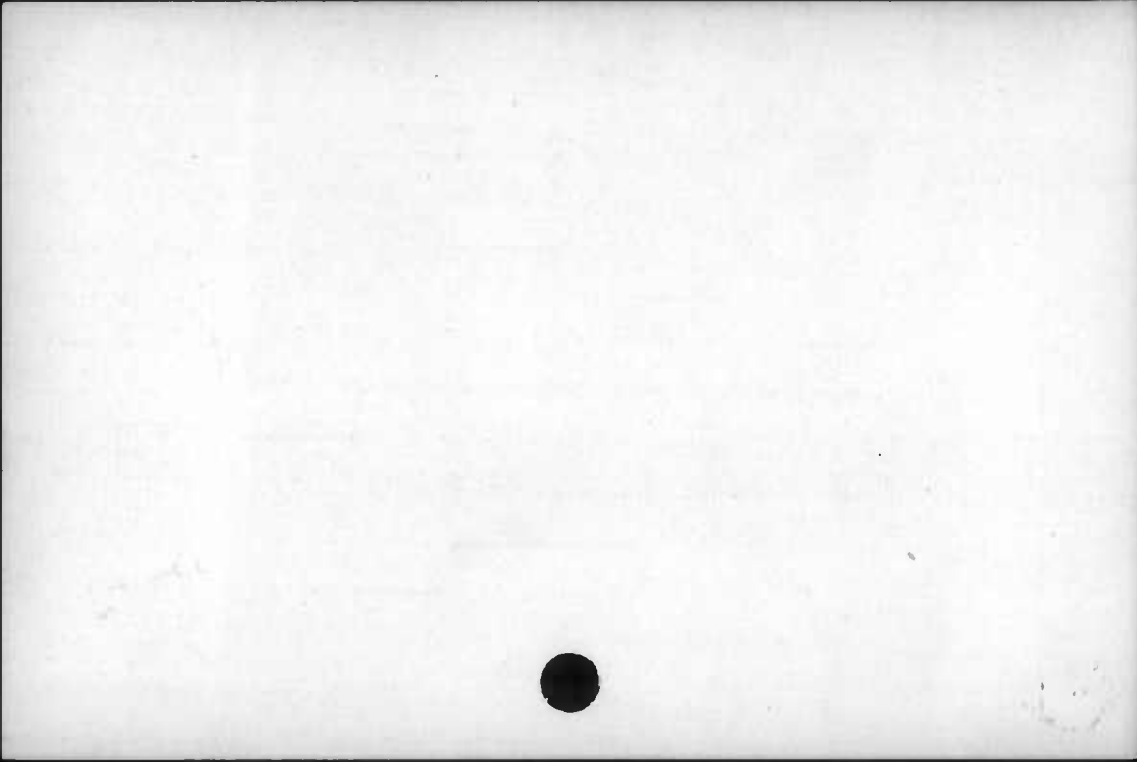
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sunnybrook</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1960		1	1	62		11	23
Sex		Color or Race		Birth-place			
Male		White		Parkton			
Occupation				Where Residing if not at place of death			
Farm Hand							
Married, Single or Widowed				Name of Wife or Husband			
<input checked="" type="checkbox"/>				Victorine W.			
Father's Name				Father's Birthplace			
Edward Kelly				Parkton			
Mother's Maiden Name				Mother's Birthplace			
Cynthia Tracy				"			
Name of person giving information				How related to deceased			
Victorine W. Kelly				Wife			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Dropsey</i>	How long	<i>1 Year</i>
	Immediate	<i>Convulsions</i>	How long	<i>2 days</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Yes		<i>J. T. Payne</i>	
			Address	
		<i>Phoenix</i>		
Accident or Suicide?				

197



Name
in
Full

Margaret King

CERTIFICATE OF DEATH

Died at

Phoenix

Town

County

Baltimore

MARYLAND

Date

of death 1960

Month

1

Day

21

Age

Years

84

Months

—

Days

—

Sex

Female

Color or
Race

White

Birth-
place

Near Phoenix

Occupation

House Keeper

Where Residing if not
at place of death

—

Married, Single

or Widowed

Name of Wife or
Husband

—

Father's
Name

Thomas King

Father's
Birthplace

Ireland

Mother's
Maiden Name

Jane Wilson

Mother's
Birthplace

Near Phoenix

Name of person giving
Information

Lydia Lins

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Infirmities of Old Age

How long

154

X

Immediate

Found Dead in Bed

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. T. Payne

Address

Phoenix

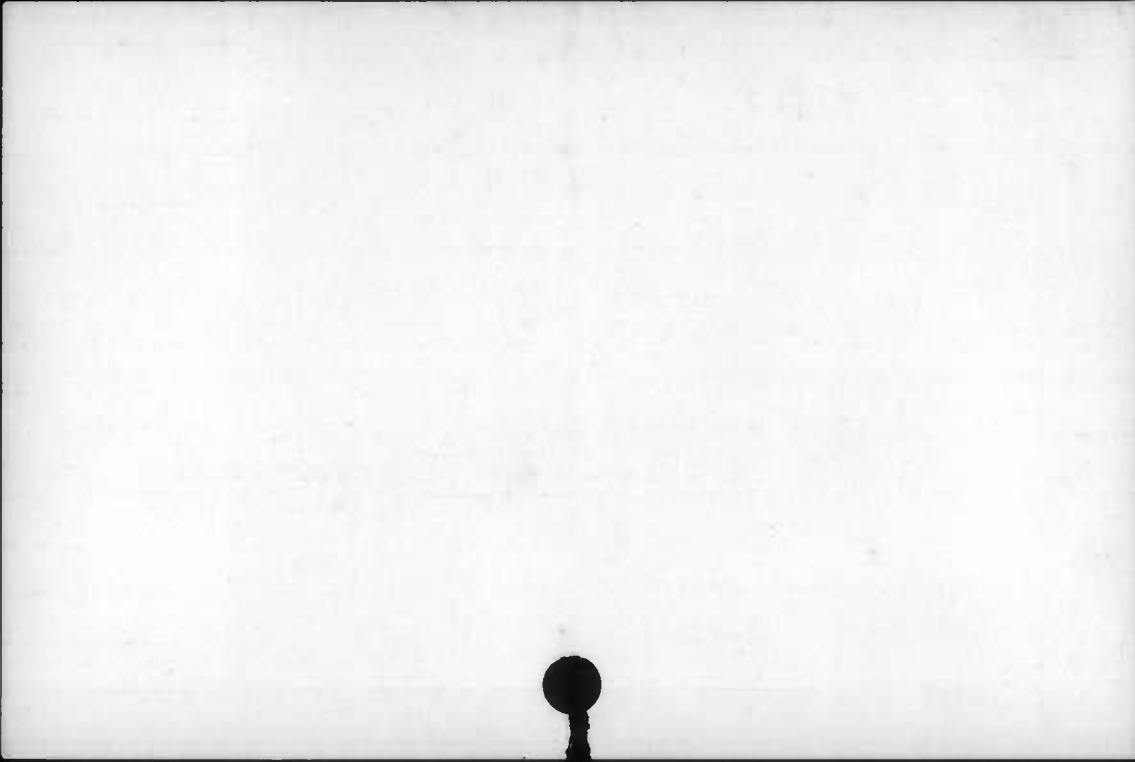
Accident or Suicide?

Yes

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

10



Name
In
Full

Bureagard T. Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westport</i>		County <i>Balto Co.</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
19 <i>40</i>		<i>Jan</i>	<i>23</i>			<i>8</i>	<i>—</i>
Sex		Color or Race		Birth-place			
<i>Male</i>		<i>white</i>		<i>Westport Md</i>			
Occupation				Where Residing if not at place of death			
<i>—</i>				<i>Westport</i>			
Married, Single or Widowed				Name of Wife or Husband			
<i>—</i>				<i>—</i>			
Father's Name				Father's Birthplace			
<i>John E. Kirby</i>				<i>W. Va</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Grace Winkler</i>				<i>Balto</i>			
Name of person giving information				How related to deceased			
<i>John E. Kirby</i>				<i>Father</i>			

CAUSES OF DEATH

76

PHYSICIAN
OR CORONER

Primary	<i>Acute medulla</i>	How long	<i>10 days</i>
Immediate	<i>Cerebro spinal meningitis</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>William</i>	
		Address	
		<i>mt Winans</i>	
		<i>md, 17</i>	
Accident or Suicide?			

Holy Cross Cemetery

A.A. Co Md

F. A. Krause & Bro

Name
in
Full

Birtean E. Koerner

CERTIFICATE OF DEATH

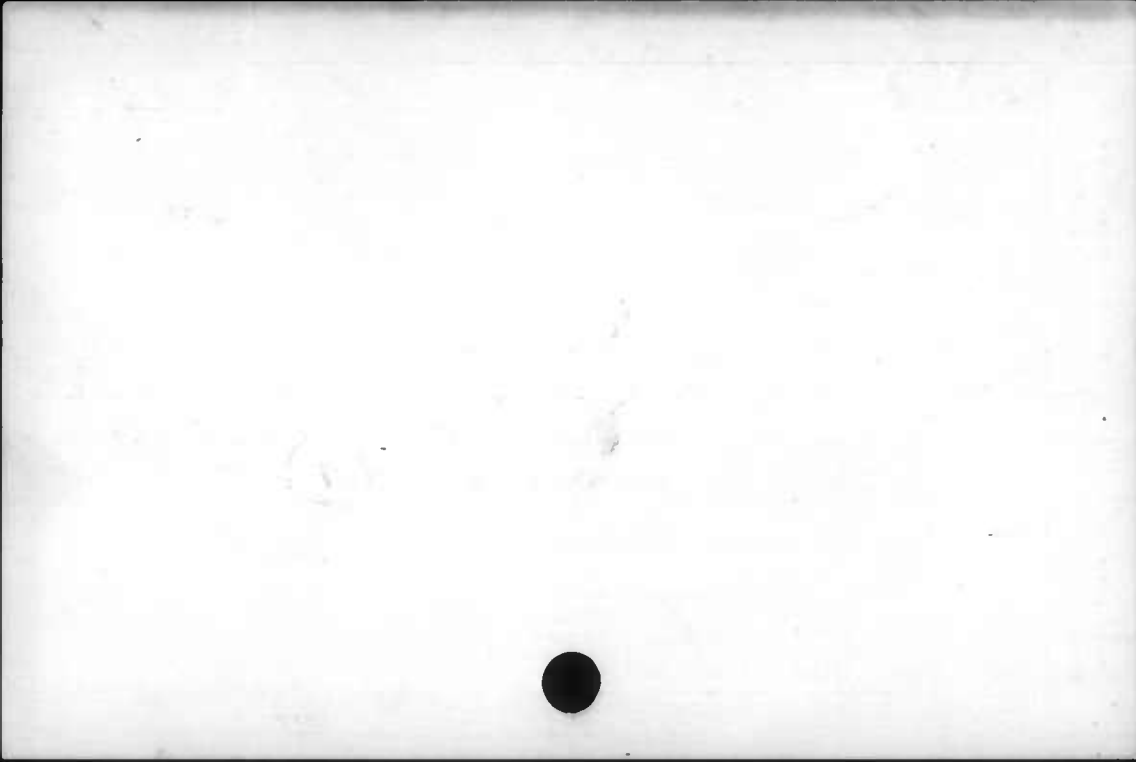
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jacksonville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 19 <u>10</u> <u>Jan.</u> Month		<u>5</u> Day	Age <u>12</u> Years	<u>3</u> Months	<u>3</u> Days
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Jacksonville, Md.</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>John B. Koerner</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Augusta Bergman</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving Information <u>John B. Koerner</u>		How related to deceased <u>father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart disease</u>	How long	<u>3 years</u>
Immediate	<u>Typhoid Fever</u>	How long	<u>26 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Thos. H. Emory Jr., D.</u>	
		Address <u>Monteton</u>	
Accident or Suicide <u>no</u>			



Name
in
Full

Agnes Elizabeth Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death		1910	1	1	19	1	24
Sex		Color or Race		Birth-place			
Female		White		Balto			
Occupation		Where Residing if not at place of death					
Housewife		Hilandtown					
Married, Single		Name of Wife or Husband					
Married		Bartholomew Lane					
Father's Name		Father's Birthplace					
Joseph P. Cunningham		Balto					
Mother's Maiden Name		Mother's Birthplace					
Carrie P. M. & Dauley		Balto Co					
Name of person giving Information		How related to deceased					
J. P. Cunningham		Father					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis - Pulmon.	How long	10 mos.
Immediate	General Exhaustion	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Superintendent	
		Address	
		1258 N. My	
Accident or Suicide?			

1

St. Marys Cem
Jan 4/900.

Wm Pook
507 E North St.

Name
in
Full

Robert Lehmann

CERTIFICATE OF DEATH

Died at <u>Pikesville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 19 <u>60</u>	Month <u>1</u>	Day <u>20</u>	Age <u>76</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Unknown</u>		
Occupation <u>Old Soldier</u>	Where Residing if not at place of death <u>Pikesville</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Do Not Know</u>				
Father's Name <u>Do Not Know</u>	Father's Birthplace <u>Do Not Know</u>				
Mother's Maiden Name <u>Do Not Know</u>	Mother's Birthplace <u>Do Not Know</u>				
Name of person giving Information <u>W. A. Clarke</u>	How related to deceased <u>None</u>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

154

Primary <u>Senile Degeneration</u>	How long <u>Do not know</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. E. M. M.</u>
	Address <u>Pikesville Md.</u>
Accident or Suicide	

PHYSICIAN
OF CORNER

Indutaker

Gillinger

Linthicum Cemetery
Howard Co

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louis Charles Leismann

Town *Catonville* County *Balto. Co.*

MARYLAND

Died at *Catonville* Date of death *1910 Jan. Wed. 26* Age *37* Months *June* Days

Sex *Male* Color or Race *White* Birth-place *Conn.*

Occupation *Silver smith* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Lottie Leismann*

Father's Name *Louis Leismann* Father's Birthplace *Conn.*

Mother's Maiden Name *L. Winkler* Mother's Birthplace *Conn.*

Name of person giving In formation *Lottie Leismann* How related to deceased *Wife*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

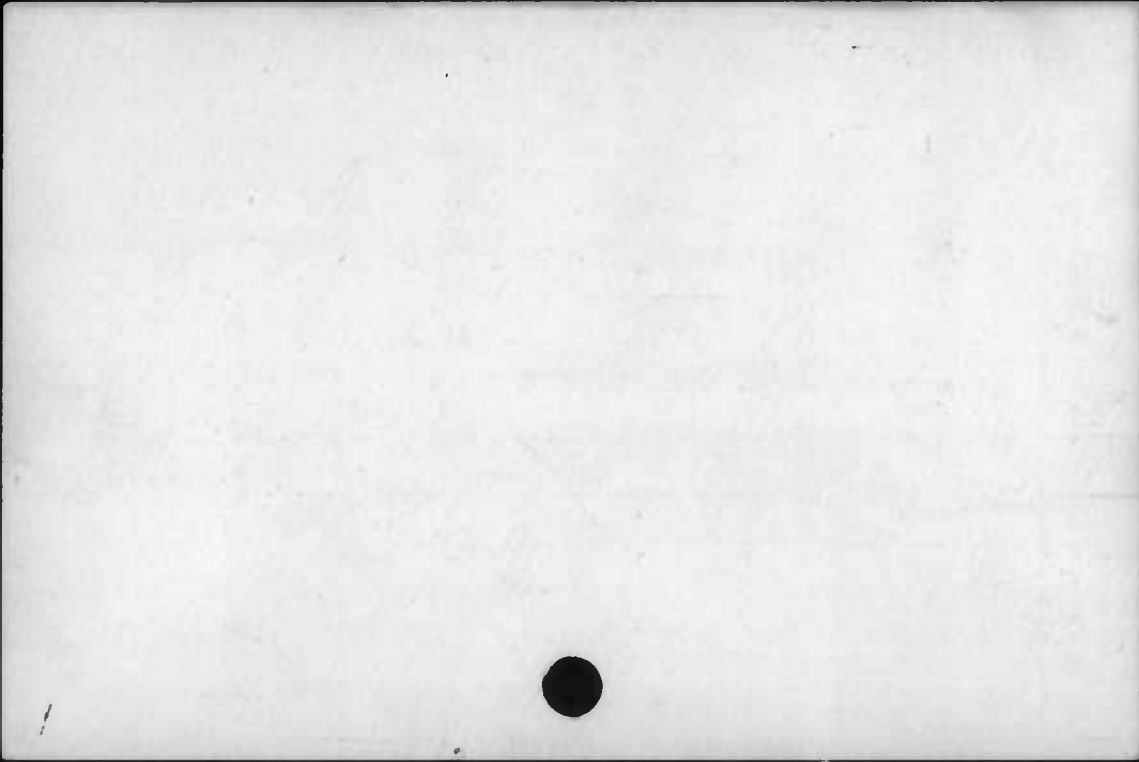
Primary *Pulmonary Tuberculosis* How long *1 year*

Immediate *Exhaustion* How long *Two months*

Are the name, age, sex, color, date and place correctly given above? *No* Signature of Physician *Arthur H. Mann*

Address *Catonville, Md.*

Accident or Suicide? *No*



Name
in
Full

Dorinda Logan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Highlandtown</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death	1900	Month	June	Day	17
Age	69	Years		Months	7
				Days	14
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	None		Where Residing if not at place of death <u>304 So Highland Ave</u>		
Married, Single or Widowed	Married	Name of Wife Husband	James Logan		
Father's Name	James C Carter			Father's Birthplace	Va
Mother's Maiden Name	Sallie Owens			Mother's Birthplace	Arkness
Name of person giving information	Mrs E Erdman			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Dysentery</u>	How long	<u>14</u> <u>5 yrs</u>
Immediate	<u>Chronic Bronchitis</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. Schlieder MD</u>
		Address	<u>3514 Esplanade St</u>
Accident or Suicide?			

Robert. Brooks & Son

London Park Cem.

7/19-10

Name
in
Full

Martha Loe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pikesville ^{Town} Baltimore ^{County} **MARYLAND**

Date of death 1960 ^{Month} 1 ^{Day} 26 ^{Years} 45 ^{Months} — ^{Days} —

Sex Female Color or Race White Birth-place Va.

Occupation No occupation Where Residing if not at place of death Pikesville

Married, Single or Widowed Widow Name of Wife or Husband Do not know

Father's Name Yancy Sleet Father's Birthplace Va.

Mother's Maiden Name Anna F. Gillish Mother's Birthplace Va.

Name of person giving Information Margaret E. Blake How related to deceased Sister

CAUSES OF DEATH

42

Primary Carcinoma of uterus Recurrent How long 6 months

Immediate Recurrence How long 3 months

Are the name, age, sex, color, date and place correctly given above?

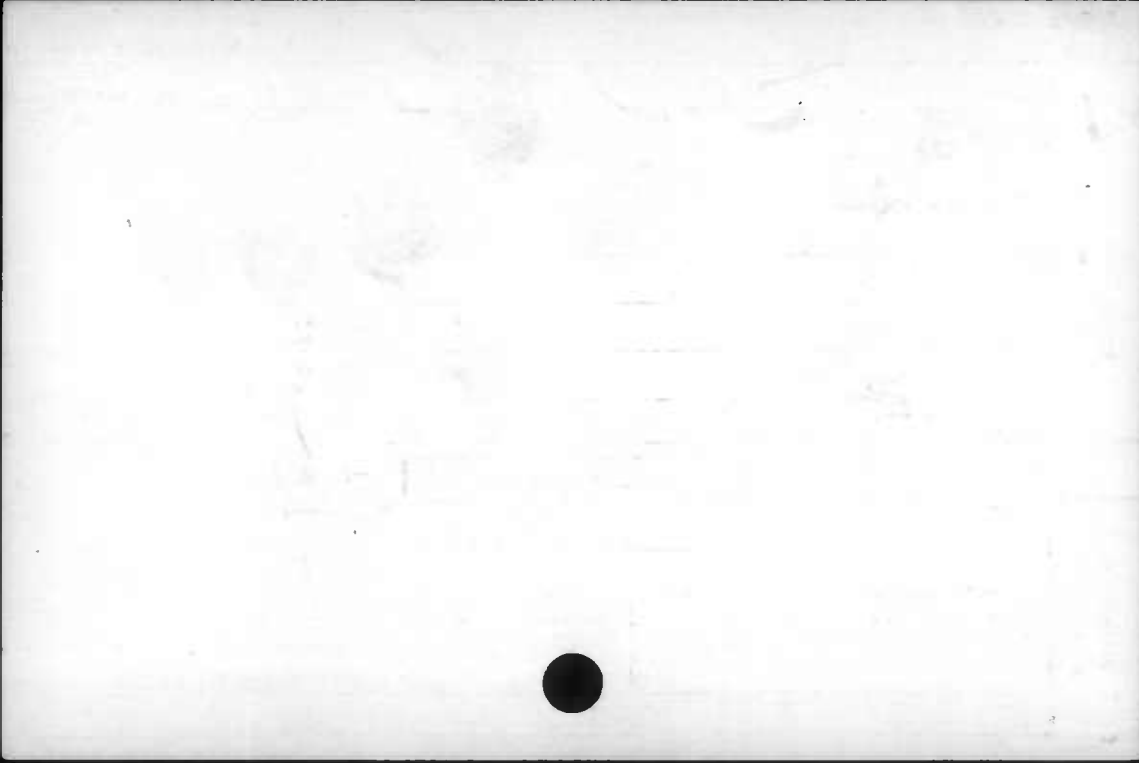
yes

Signature of Physician

Address

Harry Gross M.D.
1340 Scharles

Accident or Suicide



Name
in
Full

Albert-Thomas Love

CERTIFICATE OF DEATH

MARYLAND

Died at *Oakland* TownCounty *Dalto*

Date

of death *1900*Month *Jan*Day *18*

Age

Years *61*Months *6*

Days

Sex *Male*Color or
Race *White*Birth-
place *Cockeysville Md*Occupation *Farmer*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
~~husband~~ *of Eleanor Jackson*Father's
Name *Geo Love*Father's
Birthplace *Philadelph md*Mother's
Maiden Name *Francis Prushury*Mother's
Birthplace *Unknown*Name of person giving
in formation *Francis Lucille Love*How related
to deceased *Daughter*

CAUSES OF DEATH

113

Primary *Cirrhosis of liver*How long *12 Months*Immediate *Toxemia (Hepatic)*How long *3 weeks*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *D. B. O. Benson*Address *Cockeysville Md*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1

Burial at Sherwood

20th
"

M. B. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Laura Lyons* Town *Colapsed Park* County *Deer* MARYLAND

Died at *Colapsed Park*

Date of death *1901* Month *1* Day *31* Age *40* Years Months *13* Days *11*

Sex *F.* Color or Race *B* Birth-place *Md*

Occupation *Book* Where Residing if not at place of death *same*

Married, Single or Widowed *Single* Name of Wife or Husband *Albert H. Lyons*

Father's Name *Wm. Soldeer* Father's Birthplace *Md*

Mother's Maiden Name *Anna Lyons* Mother's Birthplace *Md*

Name of person giving information *Mother* How related to deceased *Mother*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Cause of Death *Paralysis of Heart* How long *1 week*

Immediate Cause of Death *Myocardial Degeneration* How long *Unknown*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Henry T. Gaudin* Address *Colapsed Park*

Accident or Suicide? *No*

John H. Jordan
142 Hill St

moved to 203 Henrietta St

Name
in
Full

Peter F. McCaill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Govanstown		County Balto		MARYLAND	
Date of death	1940	Month Jan	Day 19th	Age	58	Years	Months —
Sex	Male		Color or Race	White		Birth-place	Balto Co Md
Occupation	Laborer			Where Residing if not at place of death Govanstown			
Married, Single or Widowed	Single			Name of Wife or Husband —			
Father's Name	Peter McCaill				Father's Birthplace	Ireland	
Mother's Maiden Name	Catherine Murphy				Mother's Birthplace	Ireland	
Name of person giving information	Annie C Richards				How related to deceased	Sister	

CAUSES OF DEATH

92

PHYSICIAN
OF CORONER

Primary	Pneumonia	How long	8 days
Immediate	Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. H. Deuceau	
Address		Govanstown Md	
Accident or Suicide?			

St Mary's Cemetery
Govan

H. C. Widdifield

914 Greenmount Ave

Jan 22/10

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

McB Eliza McCullough

Town *Pikesville* County *Balto* MARYLAND

Died at *Pikesville* *Balto*

Date of death *1906* Month *1* Day *17* Age *66* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John McCullough*

Father's Name *W. Cook* Father's Birthplace *Ind*

Mother's Maiden Name *— Cook* Mother's Birthplace *Ind*

Name of person giving Information *Jesse McCullough* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *3 days*

Immediate *Cardiac failure* How long *20 minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. L. Simpson*

Address *—*

Accident or Suicide

1871



20

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Hugh M. Grane*

Town *Sparrow Point* County *Baltimore* MARYLAND

Died at *Sparrow Point*

Date of death *1901* *Jan.* *30* Age *28* Months Days

Sex *male* Color or Race *white* Birth-place *unknown*

Occupation *Laborer* Where Residing if not at place of death *Sparrow Point*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *unknown*

Name of person giving Information *no one* How related to deceased *—*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Acute Alcoholism* How long *1 week*

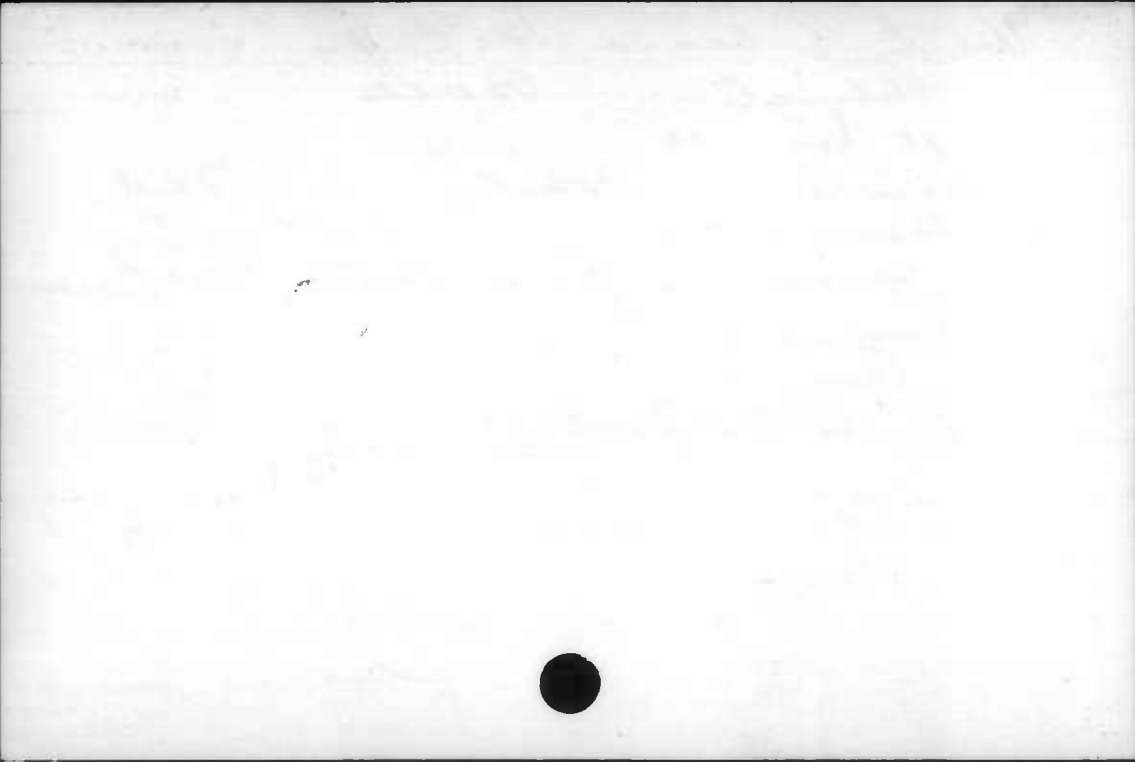
Immediate *Pneumonia* How long *4 days*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *G. J. McDermott M.D.*

Address *Sparrow Point Md.*

Accident or Suicide *no*



Name
in
Full

Ureth Rebecca McKaren

CERTIFICATE OF DEATH

Died at <i>Arlington</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1900 Jan 13</i>	Month	Day	Age <i>68</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Arlington</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert Watson McKaren</i>				
Father's Name <i>Samuel Holmes</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Anna Parish</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Robert Sinclair</i>	How related to deceased <i>Son</i>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

120

Primary <i>Albuminuria</i>	How long <i>years</i>
Immediate <i>Necrosis</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. W. Cap. M.D.</i>
	Address <i>Arlington Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

1

Interment at Stone
Chapel.

Jan. 15. / 1908.

Wm Cook
502 E. 7th St

Name
In
Full

Noea Catherine Mc Nally

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Franklin town</i>		<i>Balto</i>		MARYLAND	
Date of death	19 <i>10</i>	Month <i>Jan</i>	Day <i>4</i>	Age <i>1</i>	Months <i>8</i> Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Mc Nally</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary J. Louer</i>		Mother's Birthplace <i>Balto Co.</i>			
Name of person giving information <i>James Mc Nally</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>3 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. C. C. Smith</i>	
<i>Yes</i>		Address <i>West 5th St Bal</i>	
Accident or Suicide?			

Joseph B. Cook.
St Agnes Cemetery

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OF CORNER

CERTIFICATE OF DEATH

MARYLAND

Died at *Sheppard Hotel Hoop Downson* *Baltimore* County
Date of death 19*00* Month *Jan.* Day *3.* Age *52* Years Months *10* DaysSex *Male* Color or Race *White* Birth place *Franklinville, Md.*Occupation *Clerk.* Where Residing if not at place of death *4407 Ind. ave. Balto.*Married, Single or Widowed *Married* Name of Wife or Husband *Adelle Boyle Mahool*Father's Name *James Mahool* Father's Birthplace *Maryland*Mother's Maiden Name *Fannie Hammond* Mother's Birthplace *Maryland*Name of person giving Information *Mr. J. Barry Mahool* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Chronic Nephritis; Cirrhosis Liver* How long *120* 2 yrs.
Immediate *Uraemia.* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Edmond A. Duck
Sheppard & Ench Pratt
Horse

Accident or Suicide

2638 N. Char. St

E. Madison Mitchell
1201 N. Fayette St
To. Druid Ridge Cemetery

Name
in
Full

George Henry Maxemore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

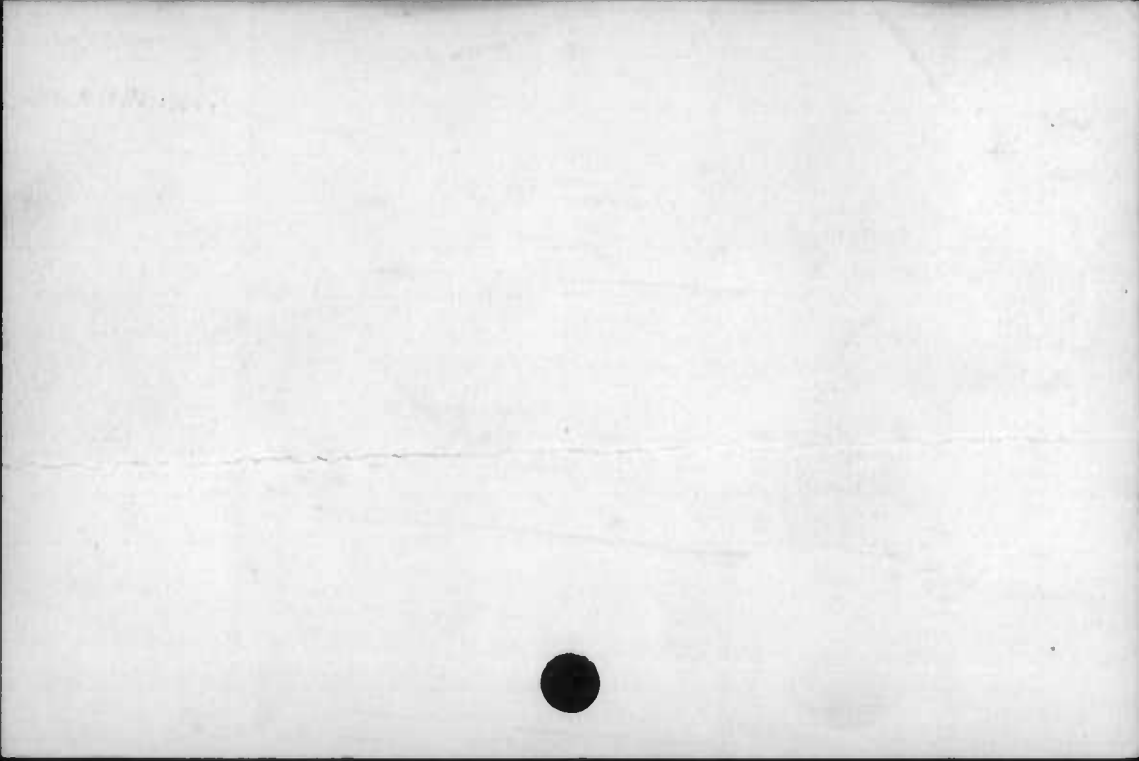
Died at		Town Parrtown		County Baltimore		MARYLAND	
Date of death 19		19	Month Jan	Day 27	Age 72	Months 7	Days 19
Sex Male		Color or Race White		Birth- place Rayville, Md.			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Mary Elizabeth Maxemore			
Father's Name Theodore Maxemore				Father's Birthplace Penn.			
Mother's Maiden Name Delilah Rodgers				Mother's Birthplace Penn.			
Name of person giving in formation Jessie Mabbey				How related to deceased Daughter			

CAUSES OF DEATH

65

PHYSICIAN
CORONER

Primary	Softening of Brain		How long	8 to 10 Weeks
Immediate	Insanition, Paralysis & Convulsions		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician A. R. Mitchell	
			Address Mounton, Md.	
Accident or Suicide?				



Name
in
Full

Milliard C. Mast

CERTIFICATE OF DEATH

MARYLAND

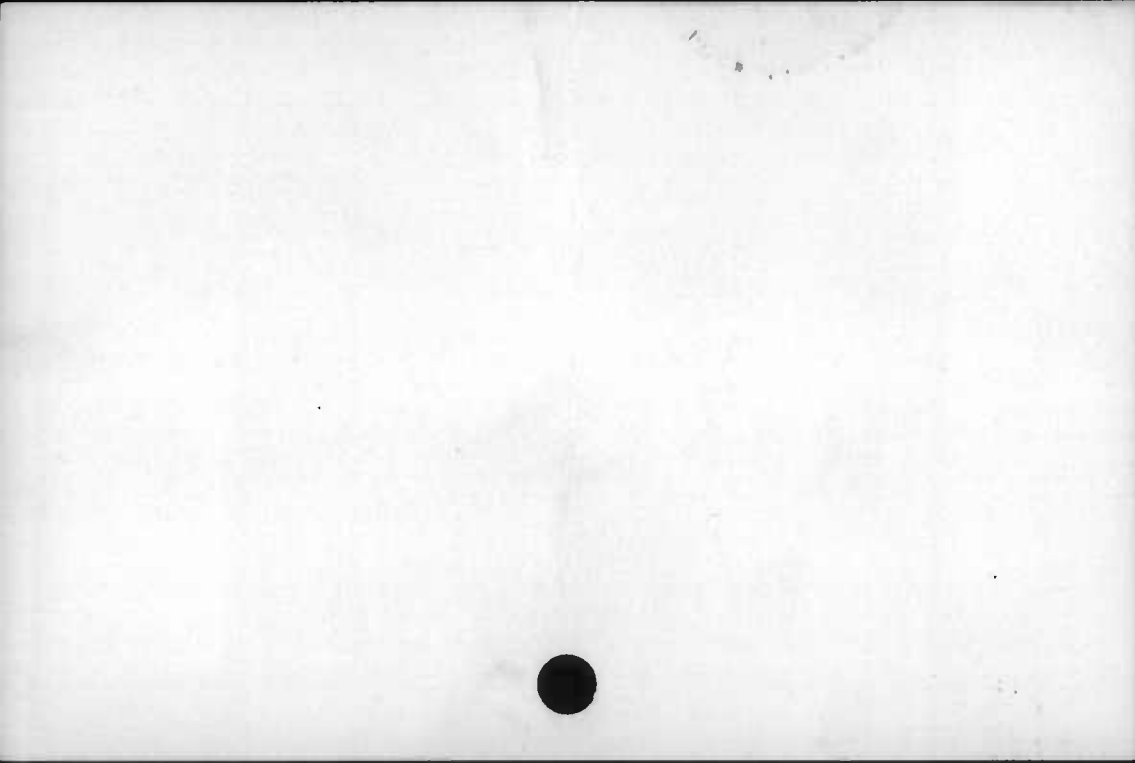
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glenarm</u> Town		<u>Baltimore</u> County	
Date of death <u>1910</u>	Month <u>Jan.</u>	Day <u>7</u>	Age <u>2</u> Years
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto. Co.</u>	Months <u>10</u> Days <u>25</u>
Occupation <u>None</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>Clarence Mast</u>	Father's Birthplace <u>Balto. Co.</u>		
Mother's Maiden Name <u>Lillie M. Carter</u>	Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Clarence Mast</u>	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Broncho-Pneumonia</u>	How long <u>22 days</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Morris B. Green</u>
	Address <u>Sittingo Balto Co. Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

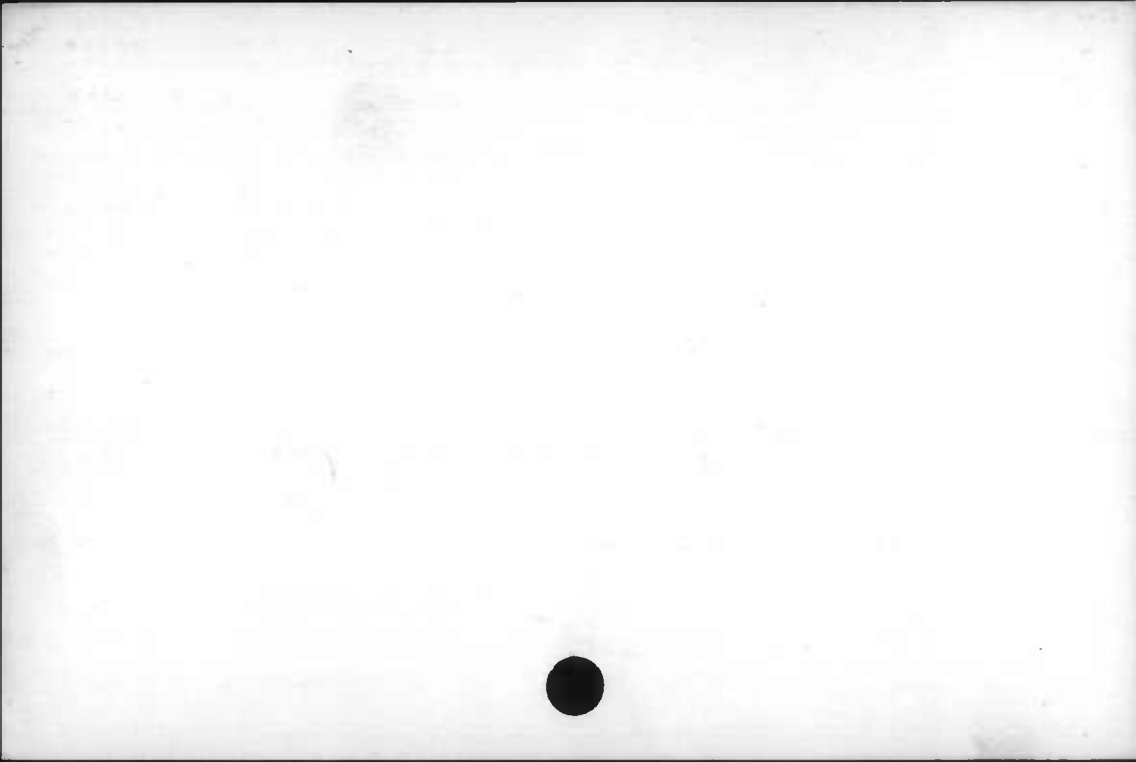
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sedwch Horner Matthew</i>		Town <i>Rassville</i>		County <i>Buck</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>4</i>		Years <i>6</i>	
Date of death <i>1900</i>		Month <i>July</i>		Day <i>4</i>		Years <i>6</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>		Days <i>12</i>	
Occupation <i>chess</i>				Where Reaiding if not at place of death <i>md</i>			
Married, Single or Widowed <i>md</i>				Name of Wife or Husband <i>md</i>			
Father's Name <i>Fred Matthew</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Frances Halmaek</i>				Mother's Birthplace <i>md</i>			
Name of person giving Information <i>Fred Matthew</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

Primary <i>Congestion of lungs</i>		How long <i>few hours</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. H. Harrison M.D.</i>	
Address <i>Middle River Md.</i>		Address <i>Middle River Md.</i>	
Accident or Suicide <i>no</i>		Accident or Suicide <i>no</i>	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

George Thomas Matthews.

Town

County

Died at

Parkton

Balto Co

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1910

Jan.

15

Age

2

-

25

Sex

Male

Color or
Race

White

Birth-
place

Parkton Ind

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Clarence Matthews.

Father's
Birthplace

Rayville

Mother's
Maiden Name

Annie Bull

Mother's
Birthplace

Rayville

Name of person giving
In formation

Clarence Matthews

How related
to deceased

Father

CAUSES OF DEATH

Primary

Diphtheritic Croup

How long

4 days

Immediate

Acute Nephritis + Dropsy

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. B. Morris

Address

Parkton

Accident or Suicide?

Ind

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Louis Sterenson Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town ashland		County Baltimore		MARYLAND	
Date of death		1940	Month January	Day 16	Age 80 yrs?	Years	Months Days
Sex male		Color or Race colored		Birth-place Baltimore County			
Occupation Laborer		Where Residing if not at place of death ashland					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name unknown		Father's Birthplace unknown					
Mother's Maiden Name unknown		Mother's Birthplace unknown					
Name of person giving information Mrs Pietro Palagano		How related to deceased not					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	apoplexy	How long	18 hours
Immediate	coma	How long	16 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		B. R. Benson Jr. M.D.	
Address		Cockeysville Md	
Accident or Suicide?			

John Burns Sons
Lowson

Interment at
John Hopkins

Name
in
FullRosa ~~May~~ May

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at -		Town <i>Canton</i>		County <i>Balto.</i>		MARYLAND	
Date of death	190	Month	1	Day	19	Age	58
Sex	<i>Female</i>		Color of Race	<i>White</i>		Birthplace	<i>Germany</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		<i>3512 Hudson St.</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>Henry May</i>		
Father's Name	<i>Don't Know</i>		Father's Birthplace		<i>Germany</i>		
Mother's Maiden Name	<i>Don't Know</i>		Mother's Birthplace		<i>Germany</i>		
Name of person giving Information	<i>Henry May</i>		How related to deceased		<i>Husband</i>		

CAUSES OF DEATH

Primary	<i>Tuberculosis</i>	How long	<i>About 4 Mos.</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Dr. F. A. Glantz
*3244 Eastern Ave.*PHYSICIAN
OR CORONER

Accident or Suicide

Silly ^{no} Triller

403 S. Wolfe St.

Schwartz's cemetery

Jan. 22nd / 10

Name
in
Full

CERTIFICATE OF DEATH

Adolph. A. Mesaslin

Town

County

MARYLAND

Died at *Hann*

Date

1900

Month

June

Day

12

Age

Years

64

Months

3

Days

X

Sex

Male

Color or
Race

White

Birth-
place

Towson, Md.

Occupation

Merchant

Where Residing if not
at place of death

Hann, Balt. Co. Md.

Married, ~~Single~~
or WidowedName of Wife or
Husband

Jane Mesaslin

Father's
Name

Thomas Mesaslin

Father's
Birthplace

Annapolis, Md.

Mother's
Maiden Name

Maria Willis

Mother's
Birthplace

Balt. Md.

Name of person giving
In formation

George W. Mesaslin

How related
to deceased

Brother

CAUSES OF DEATH

99

Primary

Bronchitis

How long

6 days

Immediate

General failure of vital functions

How long

4 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. J. E. Benson

Address

Baltimore
Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Place of burial, Greenmount Cemetery, Baltimore.

Undertakers, Henry W. Mears & Son, Baltimore.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Effie Almony Meredith

Died at (Balto) ^{Town} White Hall ^{County} Balto

Date of death 1940 Jan 21 Age 37 Months 10 Days 26

Sex Female Color or Race White Birth-place Balto. Co.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of ~~Wife~~ Husband Emerson Meredith

Father's Name C. L. Almony Father's Birthplace Balto. Co.

Mother's Maiden Name Adeline Quigley Mother's Birthplace York. Co.

Name of person giving information J. V. Almony How related to deceased Aunt.

CAUSES OF DEATH

78

Primary Endocarditis How long 18 months

Immediate Endocarditis How long

Are the name, age, sex, color, date and place correctly given above? yes

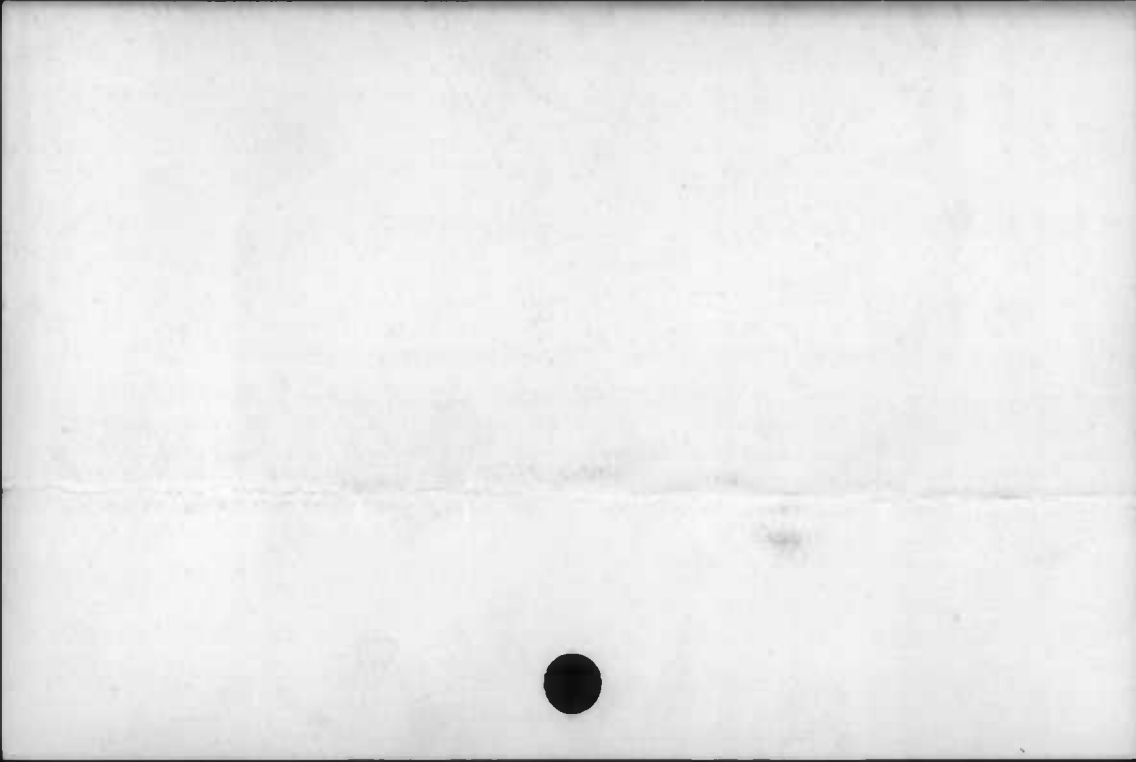
Signature of Physician W. Willard Stirling

Address

Shave mdy

Accident? Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Daniel S. Michael* Town *Mt Winans* County *Balto* MARYLAND

Died at *Mt Winans* *Balto*

Date of death *1966* Month *1* Day *5* Age *70* Months *8* Days *8*

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Cigar maker* Where Residing if not at place of death *Mt Winans*

Married, ☒ Married ☐ Widowed Name of Wife or Husband *Annie Michael*

Father's Name *Jacob Michael* Father's Birthplace *Md*

Mother's Maiden Name *Elizabeth Kent* Mother's Birthplace *Md*

Name of person giving information *Annie Michael* How related to deceased *Wife*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *3 days.*

Immediate *Pneumonia* How long *3 days.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

R. Glamm

mt winans

Accident or Suicide?

med. 13

Internment at Loudon
Park Jan. 8/980.

Wm Coaff
502 E. Yarrick av.

Name
in
Full

Geo. W. Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Kingsville ^{Town} Balto ^{County} **MARYLAND**

Date of death 1980 ^{Month} Jan ^{Day} 25 Age 66 ^{Months} 0 ^{Days} 0

Sex Male Color or Race White Birth-place York Balto Co.

Occupation Blacksmith Where Residing if not at place of death Same

Married, Single or Widowed Name of Wife or Husband May, E. Montgomery

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information May E. Montgomery How related to deceased (Wife)

CAUSES OF DEATH

Primary Cancer of intestines How long one year

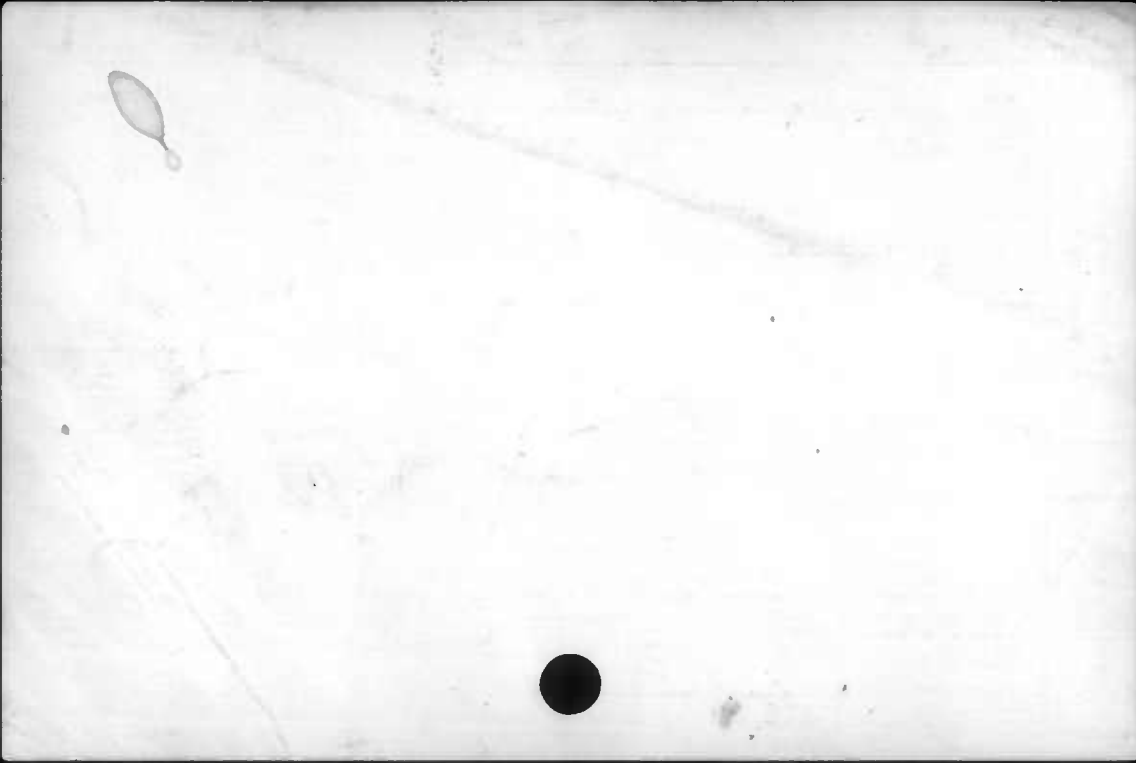
Immediate Cancer of bowels - How long 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. F. H. Gossard

Address

Fox - Md 11PHYSICIAN
OR CORNERAccident or Suicide



Name
in Full

Virginia A. Morsell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Catonsville Town Balto County
Date of death 1990 Jan Month 24 Day Age 36 Years
Sex female Color or Race Colored Birth-place New York City
Occupation Housewife Where Residing if not at place of death Catonsville
Married, Single or Widowed Married Name of Wife or Husband Wm J Morsell
Father's Name Joshua Haward Father's Birthplace Canada
Mother's Maiden Name Alma R. Hitchens Mother's Birthplace Balto City
Name of person giving Information Wm J Morsell How related to deceased Husband

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 1 yr
Immediate Asthenia How long 2 mos
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Marshall B. West
Address Catonsville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

John H Owens & Son
132 Division St.
Lancaster. Cal. Co.

Name
in
Full

Charles William Mules

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Halithorpe* County *Baltimore* MARYLAND

Died at *Halithorpe* Month *Jan'y* Day *19* Age *46* Months *10* Days *15*

Date of death 19*60*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Painter* Where Residing if not at place of death *Halithorpe*

Married, ~~Single~~ *Single* Name of Wife or Husband *Catherine Lee Mules*

Father's Name *Thomas Mules* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah Ann Tucker* Mother's Birthplace

Name of person giving Information *Mrs. C.W. Mules* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Mitral regurgitation (Rheumatism)* How long *1 year*

Immediate *Nephritis (secondary) Cardiac dilatation* How long *2 months*

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

Wm R. Eareckson

Address

Eck Ridge, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Rev. Father W. G. Read Mullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Agnes Hosp.		County Baltimore		MARYLAND	
Date of death	19 10	Month January	Day 25	Age 49	Months 11 Days 27
Sex Male	Color or Race White		Birth-place Balto. Md.		
Occupation Religious			Where Residing if not at place of death		
Married, Single Single		Name of Wife deceased			
Father's Name Jonathan Mullen			Father's Birthplace Ireland		
Mother's Maiden Name Mary Mullen			Mother's Birthplace Ireland		
Name of person giving information Rev. Jos. J. McLaughlin			How related to deceased —		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis; Mitral Insufficiency	How long	2 yrs +
Immediate	Acute Dilatation of Heart	How long	Sudden
Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Allen Graham M.D.	
		Address St Agnes Hospital	
Accident or Suicide? No.			

Henry W Jenkins Boston Co
125 Cullough Orchard St
Hoodstock College
Howard Co. Ma.

Name
in
Full

Susanna Murphy

CERTIFICATE OF DEATH

Died at Gorans Town Town Baltimore County MARYLAND

Date of death 1900 Jan 3 Age 54 Months — Days —

Sex Female Color or Race white Birth-place Maryland

Occupation None Where Residing if not at place of death Gorans Town Md

~~Married, Single~~
or Widowed Name of Wife or Husband Andrew Murphy

Father's Name Unknown Father's Birthplace Ohio

Mother's Maiden Name unknown Mother's Birthplace Ohio

Name of person giving Information Mrs. Kate Register How related to deceased Daughter

CAUSES OF DEATH

Primary Paralysis How long 5 days
Immediate Exhaustion How long 48 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. H. Duncan
Gorans Town Md~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OF CORONER

Robt S. Turner
Sandon Park.

Name
in
Full

CERTIFICATE OF DEATH

John Naegel

Died at <i>Bardenville</i> ^{Town} <i>Baltr</i> ^{County} MARYLAND		
Date of death <i>1980 Jan'y</i> ^{Month} <i>3</i> ^{Day} <i>2</i> ^{Years} <i>5</i> ^{Months} <i>4</i> ^{Days}	Age <i>2</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Bardenville Baltr Co</i>
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>	

Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>
Father's Name <i>John Naegel</i>	Father's Birthplace <i>Germany</i>
Mother's Maiden Name <i>Amelia Kreager</i>	Mother's Birthplace <i>Germany</i>
Name of person giving Information <i>John Naegel</i>	How related to deceased <i>Father</i>

CAUSES OF DEATH

Primary <i>Pertussis</i>	How long <i>6 weeks (?)</i>
Immediate <i>Double Lobar Pneumonia</i>	How long <i>1 week</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. L. Wilkinson

Address

Roselburg, Ind.

Accident or Suicide

Neither

Geo. Schelling & Sons
Monument & Aiequith St

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Franklin E Nash		Town Texas Md		County Balto.		State MARYLAND	
Died at Texas Md		Date of death 1940 Jan. 13		Age 2 1/2		Months 0	
Sex mal		Color or Race white		Birth place Texas Md		Days 0	
Occupation un		Where Residing if not at place of death Texas					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Eph. E. Nash		Father's Birthplace Texas Md					
Mother's Maiden Name Maggi Ambrose		Mother's Birthplace Texas Md					
Name of person giving information Wm C. Cox		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER
1

Primary Pneumonia	How long 7 days
Immediate Myocardial	How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician B. H. Bursey
	Address Texas Md
Accident or Suicide? —	

Funeral Saturday
at Texas

W. L. Brooks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

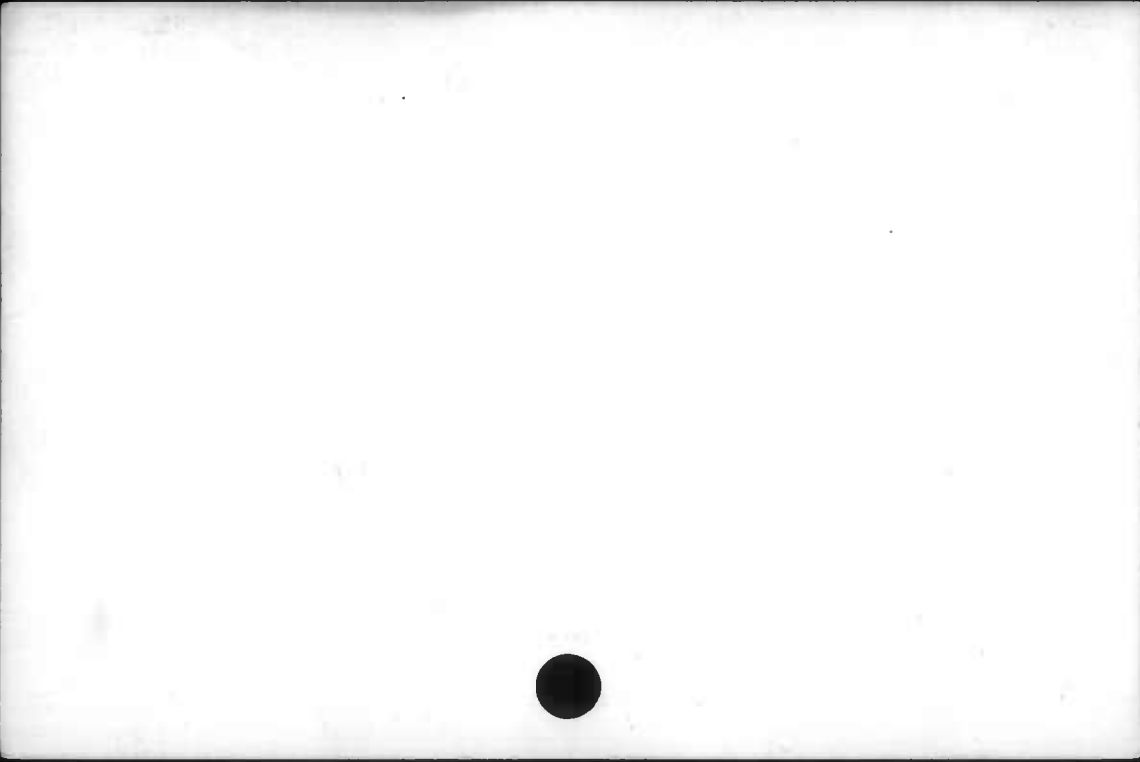
Name *Herman Witche* Town *Ellicott City* County *Baltimore* MARYLAND
 Died at *Ellicott City* Month *Jan* Day *11* Age *47* Years *—* Months *—* Days *—*
 Date of death 19*40*
 Sex *Male* Color or Race *White* Birth-place *Germany*
 Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Unknown*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving Information *Dennis Carey* How related to deceased *Wife*

was found along United Railway tracks near Ellicott City **CAUSES OF DEATH** *164* *175*

PHYSICIAN
OR CORNER

Primary *Fracture of Skull* How long *36 hours*
 Immediate *Shock. (Causes unknown to jury)* How long *36 hours*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frederick L. Rahmendorf*
 Address *Coroner*
Supposed Accident *Lanuville Md.*
 Accident or Suicide



Name
in
Full

Loretta Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fondren		County Baltimore		MARYLAND	
Date of death		1900	Month January	Day 5th	Age	Years 7	Months 28
Sex Female		Color or Race Black		Birth-place Towson			
Occupation None				Where Residing if not at place of death Towson			
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name Lamarie Nolan		Father's Birthplace Baltimore County					
Mother's Maiden Name Mary Ann Mack		Mother's Birthplace Carroll Co					
Name of person giving information Saml. Nolan		How related to deceased Father					

CAUSES OF DEATH

Primary	Marijuana	How long	50 months
Immediate	50	How long	50
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Larrick	
Address		Fondren	
1			

PHYSICIAN
OR CORONER

John Burns & Sons
Towson

Instrument is
Sandy Bottom
Cementing
Jan. 11th / 19th

Name
in Full

Benjamin L. Numbers

CERTIFICATE OF DEATH

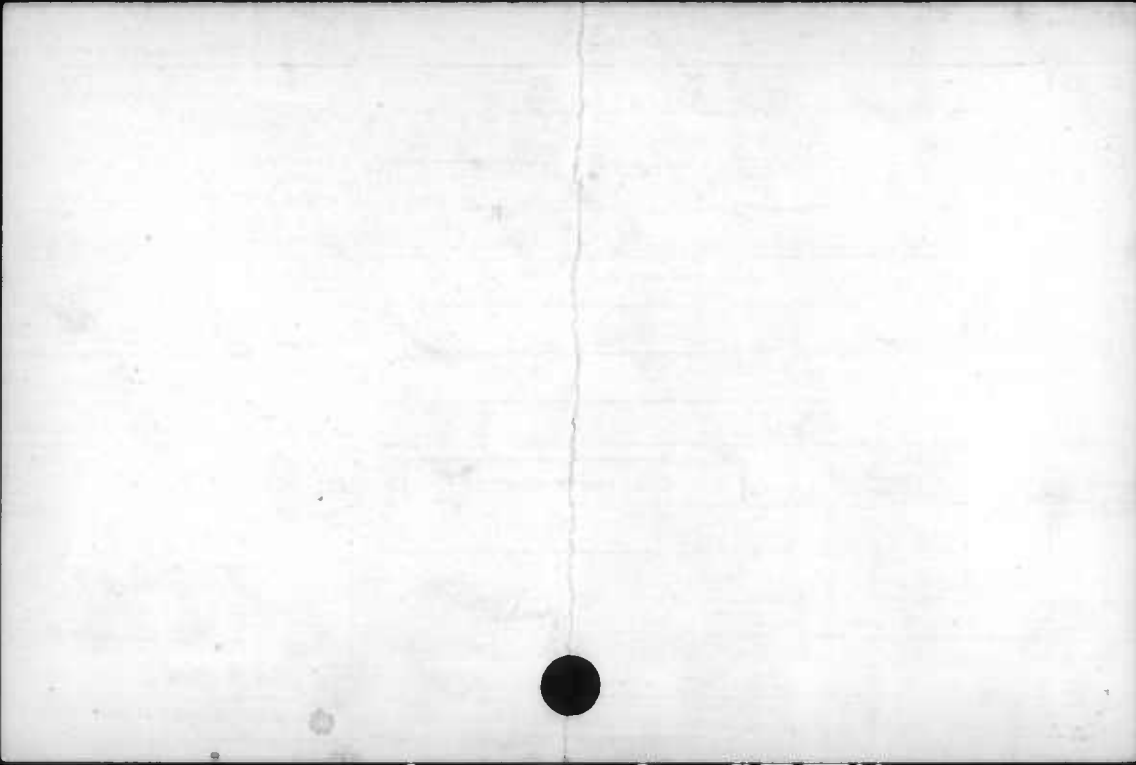
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ringsville</u> ^{Town}		<u>Bath.</u> ^{County}		MARYLAND	
Date of death 19 <u>50</u> ^{Month} <u>Jan</u> ^{Day} <u>18</u>		Age <u>83</u> ^{Years}		<u> </u> ^{Months} <u> </u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Ind.</u>	
Occupation <u>Carpenter</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>Catherine L. Numbers</u>			
Father's Name <u>James Numbers</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving Information <u>Miss. Susie Numbers</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

10

PHYSICIAN OR CORONER	Primary	<u>Grippe</u>	How long	<u>3 weeks</u>
	Immediate	<u>Paralysis</u>	How long	<u>9 days</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John S. Green</u>	
			Address <u>Sittings, Ind.</u>	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Highlandtown* Town *Balto* County

Date of death *1980* Month *1* Day *19* Age *47* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ireland*

Occupation *Tobacco worker* Where Residing if not at place of death *3521 Clairmont Ave.*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Michael O'Hara* Father's Birthplace *Ireland*

Mother's Maiden Name *Not known* Mother's Birthplace *Not known*

Name of person giving information *John O'Hara* How related to deceased *brother*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *27* some time.

Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Jas. L. Pruden, M.D.*

Address *34rough Highlandtown Md 112*

Accident or Suicide *NO*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OF CORNER

Murdell Lipezel & Son

330 S. Bond St

Bonnie Brae

Jan. 22nd / 1910

Name
in
Full

Michael O'Laughlin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Hope Reformat ^{County} BaltimoreDate of death 1900 ^{Month} Feb ^{Day} 20th ^{Years} Age 55 ^{Months} Not Known ^{Days} Not Known

Sex Male Color or Race White Birth-place Md

Occupation Harness Maker Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Not Known

Father's Birthplace Not Known

Mother's Maiden Name " "

Mother's Birthplace " "

Name of person giving Information Recd. Mt Hope Reformat How related to deceased Not applicable

CAUSES OF DEATH

Primary Mania Chronic How long over 25 yrs

Immediate Ex. Carcinoma of Stomach How long over 1 year

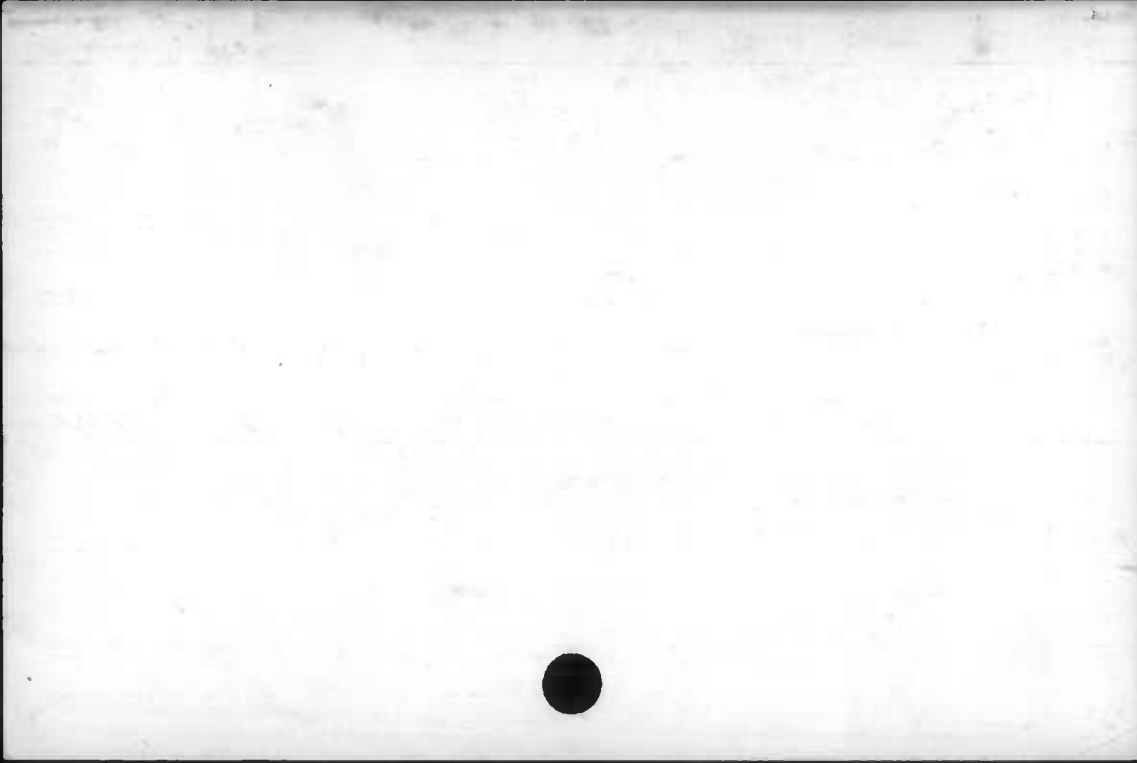
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery

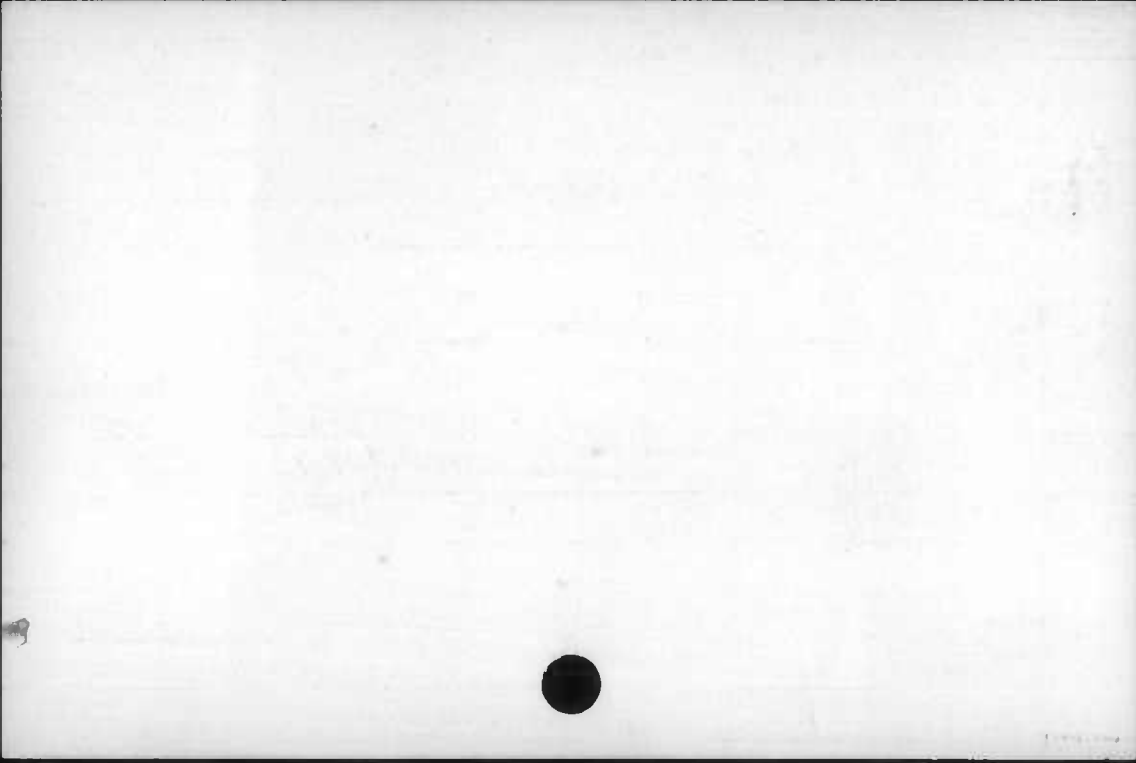
Address Mt Hope Reformat

PHYSICIAN
OR CORONER

Accident or Suicida



Name in Full		George Olmer				<input checked="" type="checkbox"/> CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Calumet		County Baltimore		MARYLAND	
	Date of death	1911	Month Jan	Day 13	Age	Years	Months
	Sex	Male		Color or Race White		Birth-place Calumet	
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	George F Olmer				Father's Birthplace Baltimore Md	
	Mother's Maiden Name	Margaret E Ostendorf				Mother's Birthplace Baltimore Md	
Name of person giving information	George F Olmer				How related to deceased Father		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">151</div> </div>							
PHYSICIAN OR CORONER	Primary	Asthma				How long Since Birth	
	Immediate	Exhaustion				How long 1 week	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
	Accident or Suicide?						



Name
in
Full

Loretto Olmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

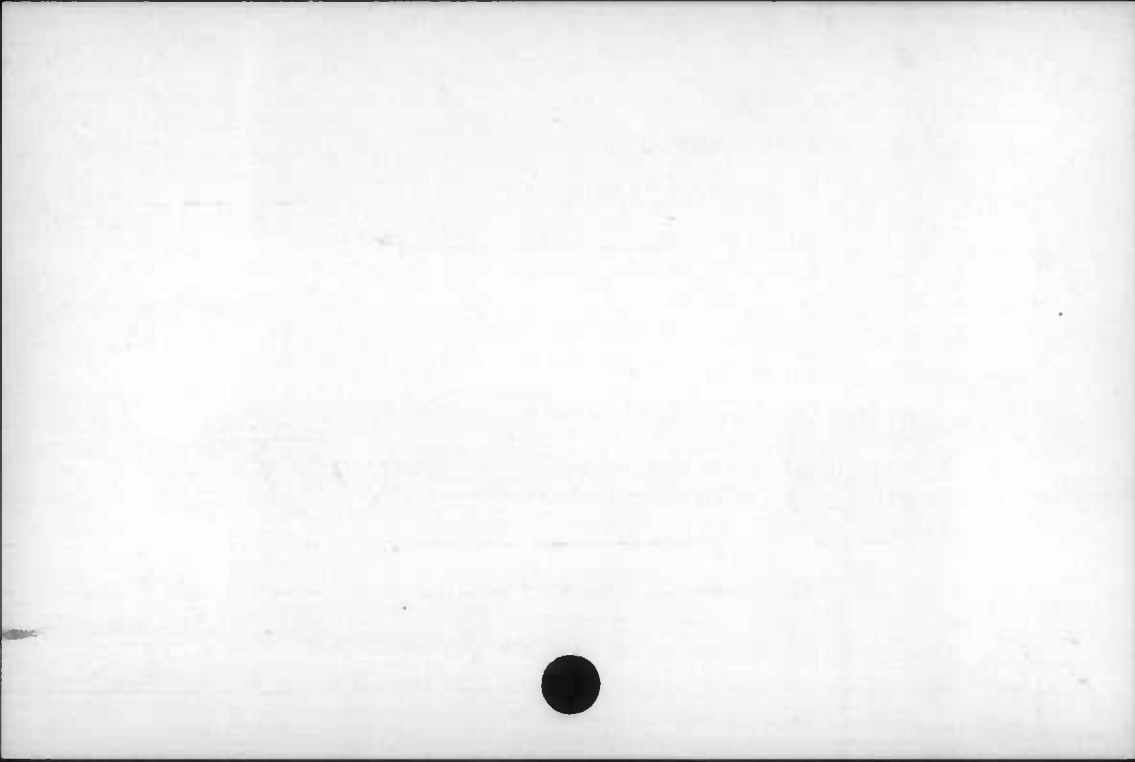
Died at <u>Balanesville</u> ^{Town}		<u>Ball</u> ^{County}		MARYLAND	
Date of death <u>1960</u>	<u>Jan</u> ^{Month}	<u>22</u> ^{Day}	Age <u>—</u> ^{Years}	<u>1</u> ^{Months}	<u>5</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balanesville</u>		
Occupation <u>none</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Serge F. Olmer</u>			Father's Birthplace <u>Baltimore Md</u>		
Mother's Maiden Name <u>Margaret E. Ostendorf</u>			Mother's Birthplace <u>Baltimore Md</u>		
Name of person giving information <u>Serge F. Olmer</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Aschemic</u>	How long <u>Since Birth</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Charles L. Maufeldt M.D.</u>
	Address <u>Balanesville Md</u>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OF CORONER

CERTIFICATE OF DEATH

Died at

Towson

County

Baltimore

MARYLAND

Date

of death 1960

Month

1

Day

25

Age

Years

Months

Days

42

Sex

Male

Color or
Race

White

Birth-
place

Towson

Occupation

None

Where Residing if not
at place of death

Towson

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Courtney Osborne

Father's
Birthplace

and

Mother's
Maiden Name

Rose White Kettle

Mother's
Birthplace

Penn.

Name of person giving
Information

Joseph Osborne

How related
to deceased

Grandfather

CAUSES OF DEATH

150

Primary

Probably failure to close

How long

Immediate

of Fracture of Os

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. B. Stenton

Richter, MD

Accident or Suicide

John Burns Sons
Towns on

Interment - at -

May's Cemetery
Ball's Co.
and

Jan. 26th 1910

Name
in
Full

Wesley S. Perine

CERTIFICATE OF DEATH

Died at *Towson* ^{Town} *Balto.* ^{County}

MARYLAND

Date of death 19*70* ^{Month} *Jan* ^{Day} *21* Age ^{Years} *84* ^{Months} *2* ^{Days} *16*

Sex *Male* Color or Race *White* Birth-place *Balto. Co.*

Occupation *Night Watchman* Where Residing if not at place of death *Towson*

Married, Single *Married* Name of Wife or Husband *Rebecca Perine*

Father's Name *John Perine* Father's Birthplace *Balto Co.*

Mother's Maiden Name *Rebecca Mary* Mother's Birthplace *Balto. Co.*

Name of person giving Information *Mrs John Flayhart* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Exhaustion of Physical Forces* ^{How long} *3 months*
Immediate *Diarrhea, Inanition* ^{How long} *one week*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R. B. Massenburg*

Address *Towson*

Accident or Suicide *X*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Burns Sons
Towson

Respect Hill
Cen.

Name
in
Full

Person

CERTIFICATE OF DEATH

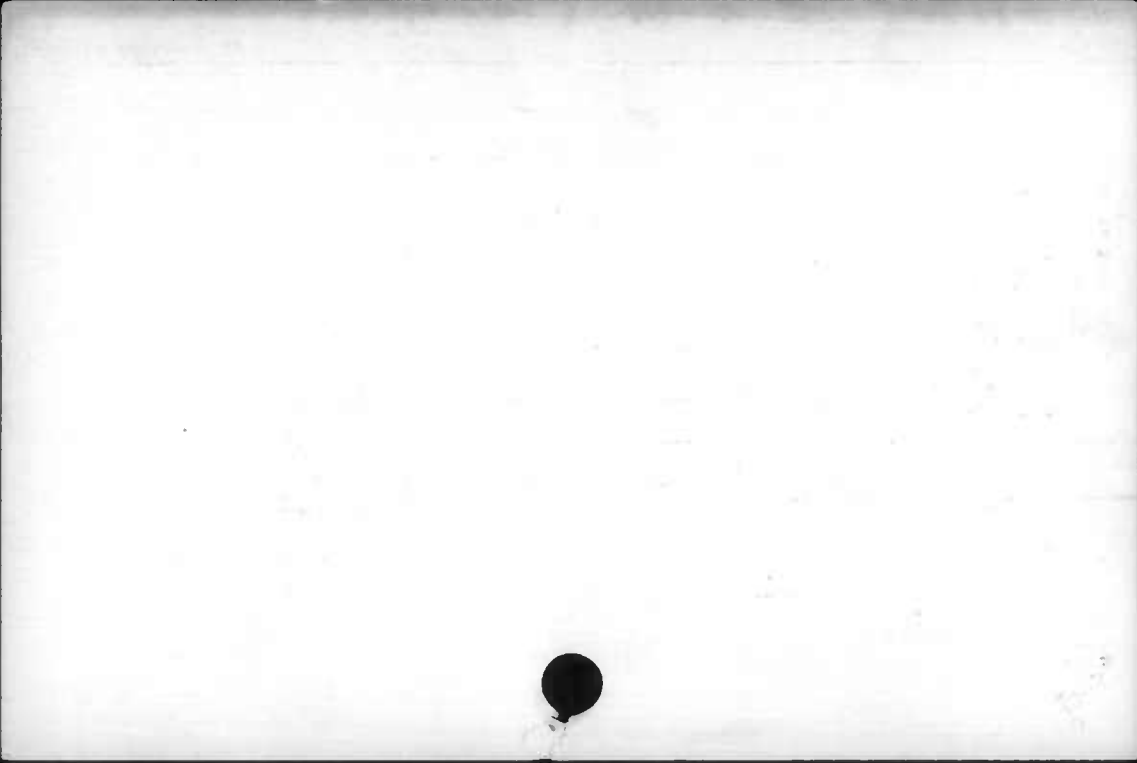
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow's pt.</i>		Town		County		Baltimore		MARYLAND	
Date of death 1900		Month		Day		Age		Years	
Sex <i>Male</i>		Color or Race		White		Birthplace		<i>Sparrow's pt.</i>	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Wm M Person</i>				Father's Birthplace <i>N.C.</i>					
Mother's Maiden Name <i>Mary H. Andrews</i>				Mother's Birthplace <i>N.C.</i>					
Name of person giving Information <i>W M Person</i>				How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature</i>		How long	
Immediate <i>Stillborn</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. H. Pettekin M.D.</i>	
		Address <i>Sparrow's pt. Md.</i>	
Accident or Suicide			



Name in Full		Sister Mary Luminata Trendergast				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tolchester Park		County		MARYLAND	
	Date of death	1900	Month 1	Day 14	Age 56	Months	Days
	Sex	F.		Color or Race	W		
	Occupation	Religious		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Unknown			Father's Birthplace	Unknown	
	Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown	
Name of person giving information	Sister Mary Florentine			How related to deceased	Not related		
<div>CAUSES OF DEATH</div> <div>120</div>							
PHYSICIAN OR CORONER	Primary	Atherosclerotic cardiac disease				How long	17 yr
	Immediate	Uremic coma				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician			
			Address				
Accident or Suicide?		Tolchester Park, Md.					

A. Tink & Son
915 N. Gay St
Funeral Directors
Note Same as Privet.)

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIENDName
in
Full
Clarence Wesley Price

Town

County

Died at

Chestnut Ridge

Batto

Date

of death

1940

Month

Jan

Day

21

Age

64

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Batto co Md

Occupation

Teacher

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Pauline Hensley Price

Father's
Name

John

Price

Father's
Birthplace

Batto co. Md

Mother's
Maiden Name

Jasper M. Scott

Mother's
Birthplace

Penna

Name of person giving
Information

Pauline Hensley Price

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Inflammatory Rheumatism

How long

Seven years

Immediate

Mitral insufficiency & embolism

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

A. Louis Daylor
Pikeville

Med 7

Accident or Suicide

PHYSICIAN
OR
CORONER

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Richter* Town *Rossville* County *Baltimore Co.* MARYLAND
Died at
Date of death 19*90* January *30th* Age *unknown* *unknown* *unknown*
Sex *Male* Color or Race *White* Birth-place *unknown*
Occupation *Paper hanger* Where Residing if not at place of death *unknown*
Married, Single or Widowed *unknown* Name of Wife or Husband *unknown*
Father's Name *unknown* Father's Birthplace *unknown*
Mother's Maiden Name *unknown* Mother's Birthplace *unknown*
Name of person giving Information *unknown* How related to deceased *unknown*

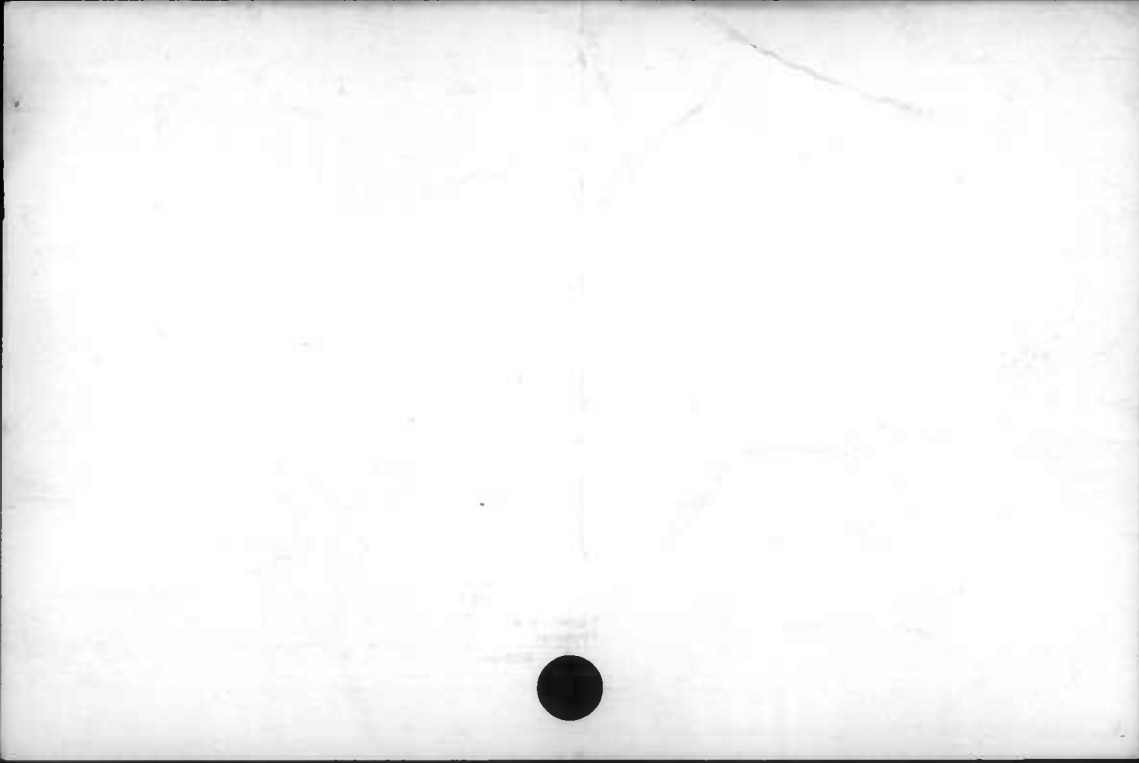
CAUSES OF DEATH

178

Primary *Exposure* How long *unknown*
Immediate *Exposure* How long *unknown*
Are the name, age, sex, color, date and place correctly given above? *yes*
Signature of Physician *John Gittman*
Address *Acting Coroner*
Accident or Suicide *Natural death* *Rossville, Md.*

PHYSICIAN
CORNER

1



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Name *Lara Rittinger* Town *Marble Park* County *Balti*
Died at *Marble Park* *Balti* **MARYLAND**
Date of death 19*80* Month *1* Day *6* Age *66* Months *11* Days
Sex *Female* Color or Race *White* Birth-place *Germany*
Occupation *Housewife* Where Residing if not at place of death
Married, ~~Single~~ or Widowed Nama of Wife or Husband *John Rittinger*
Father's Name *Andrew Schick* Father's Birthplace *Germany*
Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*
Nama of person giving Information *John Rittinger* How related to deceased *Husband*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *6 days*
Immediate *Exhaustion* How long *24 hours*
Are the name, age, sex, color, data and place correctly given above? ☒
Signature of Physician *W. H. Hall* Address *212 W. Main*

Accident or Suicide ☐

Nicholas S. Funt's

Funeral director

New Cathedral Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Pitt Robinson

Town **Roland Park** County **Baltimore** MARYLAND

Died at **Roland Park**

Date of death 19**40** Jan **22** Age **48** Months **1** Days **23**

Sex **Male** Color or Race **White** Birth-place **Taylor's Island Annapolis Co., Md.**

Occupation **Merchant** Where Residing if not at place of death **Roland Park Md**

Married, Single or Widowed **Married** Name of Wife or ~~Husband~~ **Lucy Horner Cator Robinson**

Father's Name **Andrew Jackson Robinson** Father's Birthplace **Maryland**

Mother's Maiden Name **Sophie D. Travers** Mother's Birthplace **Maryland**

Name of person giving Information **Thos. D. Ewell** How related to deceased **Brother-in-law**

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary **Lg Grippe** How long **8 days**

Immediate **Pneumonia, Cator** How long **6 days**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **M. Gibson Porter** Address **Roland Park Md - 9**

Accident or Suicidal **No**

Stewart & Mowen Co.
Funeral Directors
215 Park Ave.
for interment in
Green Mount Cemetery
January 24th/10.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Roman*

Died at *West* ^{Town} *Arlington* ^{County} *Baltimore*

State *MARYLAND*

Date of death *1910* ^{Month} *Jan* ^{Day} *28* ^{Age} *64* ^{Years} *5* ^{Months} *11* ^{Days}

Sex *Male* **Color or Race** *White* **Birth-place** *Maryland*

Married, Single or Widowed *Married* **Occupation** *Uniform Contractor*

Name of Wife or Husband *Emma Roman*

Father's Name *John H. Roman* **Father's Birthplace** *Germany*

Mother's Maiden Name *Annie Elizabeth Horning* **Mother's Birthplace** *Germany*

Name of person giving information *John H. Roman* **How related to deceased** *Son*

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

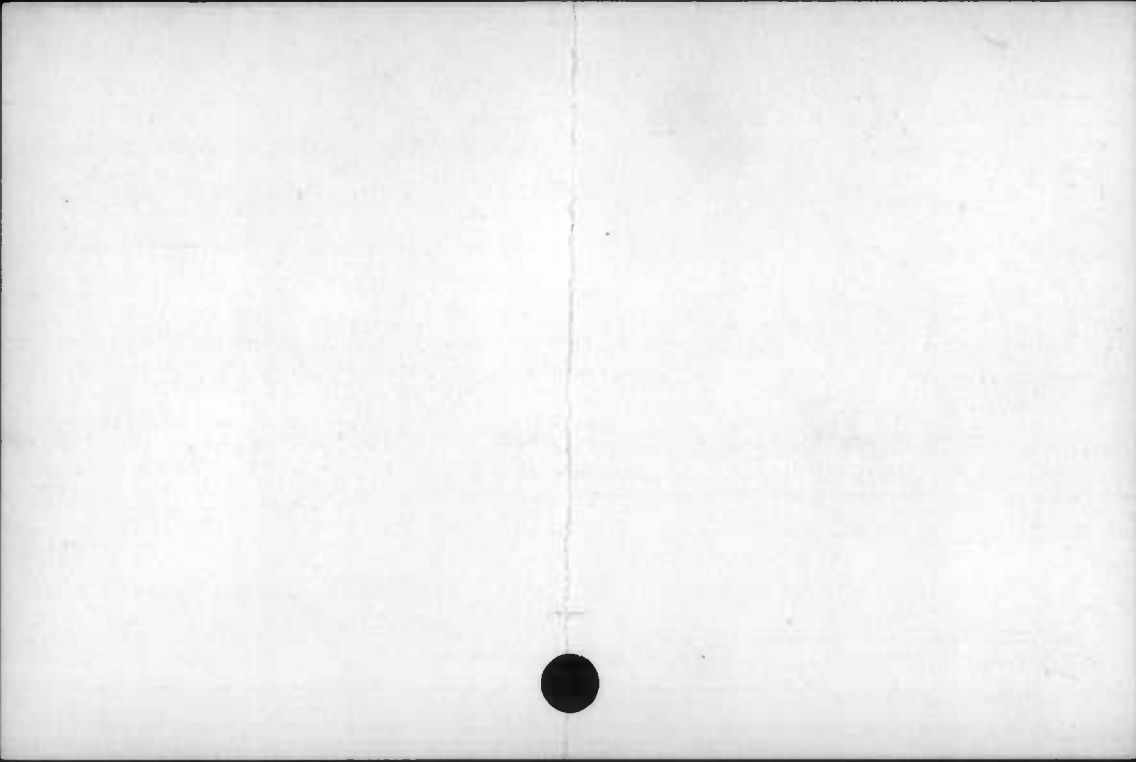
Signature of Physician

Address

Accident or Suicide?

How long

How long *Dead when I reached case.**Henry Russell M.D.**Graveland Avenue.**N. Arlington.*



Name
in
Full

CERTIFICATE OF DEATH

Mary Pauline Schermeyer
 Town *Texas* County *Balto.*

MARYLAND

Died at *Texas* Month *1* Day *30* Years *60* Months *2* Days *13*

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death *Bath Co. Alms House*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Unknown*

Father's Name *Sophie Schermeyer* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*

Name of person giving Information *House Register* How related to deceased *None*

CAUSES OF DEATH

Primary *Chronic Endocarditis* How long *3 months*

Immediate *Apnoea* How long *15 minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *Werner C. Owsen M.D.*

Address

*Cockeysville
Ind.*

Accident or Suicide *No.*

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

1

George J. Smith
1000. W. Fayette St.

Internment
at 1000. W. Fayette St.
Baltimore

Name
in
Full

Marie Schott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rossville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u>	<u>Jan</u> <small>Month</small>	<u>28</u> <small>Day</small>	Age <u>64</u>	<u>6</u> <small>Months</small>	<u>23</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Rossville</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Bernhard Schott</u>				
Father's Name <u>Mr. Risch</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving Information <u>Bernhard Schott</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

Primary <u>Scurous Carcinoma of rectum</u>	How long <u>5 years</u>
Immediate <u>Enteritis</u>	How long <u>3 m.</u>

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Dr. F. A. Glantz
3244 Eastern Ave

Accident or Suicide



Name
in
Full

Eva. Schuster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gardenville</u> ^{Town}		<u>Back</u> ^{County}		MARYLAND	
Date of death <u>1910</u>	Month <u>July</u>	Day <u>6</u>	Age <u>57</u> ^{Years}	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Germany</u>		
Occupation <u>House work</u>	Where Residing if not at place of death <u>Gardenville</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Otto Schuster</u>				
Father's Name <u>not known</u>	<u>Paul Becker</u>		Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Baker</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Chas Schuster</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Valvular disease of heart</u>	How long <u>2 yrs</u>
Immediate <u>Dropsy & Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas D. Case M.D.</u>
	Address <u>Gardenville</u>
Accident or Suicide?	<u>Back of end</u> 14

E. I. Fanning.
Burial in
Baltimore Cemetery -
Balto. City.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Morrell Park</u> <small>Town</small>		<u>Balto Co</u> <small>County</small>		MARYLAND	
Date of death 19 <u>10</u> <u>January</u> <small>Month</small>		<u>5</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>—</u>	Color or Race <u>—</u>		Birth-place <u>Balto Md</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>John Schwartz</u>		Father's Birthplace <u>Balto Md</u>			
Mother's Maiden Name <u>Barrie Tucker</u>		Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>Mrs Schwartz</u>		How related to deceased <u>mother</u>			

CAUSES OF DEATH

Primary	<u>Premature Birth</u>	How long	<u>7 mos.</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo. M. Kieffer</u>	
		Address <u>Morrell Park</u> <u>Balto Md</u>	
Accident or Suicide			

PHYSICIAN
OR CORONER

James Hignan
St Peter.

Name
in
Full

Charles. E. Scunion

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Loreley</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1940</u>	<u>1</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>28</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>colored</u>		Birth-place <u>md</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Isabella Scunion</u>			
Father's Name <u>not known</u>		Father's Birthplace <u>not known</u>			
Mother's Maiden Name <u>not known</u>		Mother's Birthplace <u>not known</u>			
Name of person giving information <u>Isabella Scunion</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary <u>Drowning</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Patrick Bradley J P</u>
	Address <u>Loreley</u> <u>Baltimore co</u>
Accident or Suicide? <u>accident</u>	



Name
in
Full

William Cabell Seddon
Roland Park Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at Roland Park Baltimore
Town County

Date of death 1910 Jan 8 Age 2
Month Day Years Months Days

Sex Male Color or Race White Birth-place Roland Park Md.

Occupation None Where Residing if not at place of death Roland Park Md.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name William Cabell Seddon

Father's Birthplace Virginia

Mother's Maiden Name A. C. F. Judge

Mother's Birthplace Maryland

Name of person giving Information " " Seddon

How related to deceased Mother

CAUSES OF DEATH

10

Primary La Grippe
Immediate Gastro-Enteritis

How long 7 days
How long 7 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

M. Gibson Porter
Roland Park Md.

Address

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Henry W. Jenkins & Sons Co
McCulloch & Orchard Sts.

Place of burial London Park Cemetery.

Name
in
Full

George Fred. Seymour

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Raspeburg</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 19 <u>10</u>	<u>1</u> ^{Month}	<u>4</u> ^{Day}	Age <u>79</u> ^{Years}	<u>6</u> ^{Months}	<u>26</u> ^{Days}
Sex <u>M</u>	Color or Race <u>W.</u>		Birth-place <u>Germany.</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>M.</u>		Name of Wife or Husband <u>Unknown Mary Seymour</u>			
Father's Name <u>(name Unknown) Seymour</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving Information <u>W. G. Seymour</u>		How related to deceased <u>son</u>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>Senile Debility</u>	How long	<u>1 year</u>
Immediate	<u>Cardiac Asthenia</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. L. Wilkinson</u>	
Accident or Suicide <u>Neither</u>		Address <u>Raspeburg</u>	

Franklin Family
Lat

Name
in
Full

CERTIFICATE OF DEATH

Lydia Catherine Shaw

Town

County

MARYLAND

Died at *Blynden*

Belle

Date of death *1960 Jan*

Day

5

Age

77

Months

Days

Sex *Female*

Color or
Race

White

Birth-
place

Kent Co Md

Occupation

Housekeeper

Where Residing if not
at place of death

Kent Co.

Married, Single
or Widowed

Name of ~~Wife~~ or
Husband

James Shaw

Father's
Name

Wm Barnett

Father's
Birthplace

Dist Kent

Mother's
Maiden Name

Miss Coriter

Mother's
Birthplace

Dist Kent

Name of person giving
Information

Margaret Bell

How related
to deceased

Niece

CAUSES OF DEATH

Primary

Paralysis & La Grippe

How long

1 year

Immediate

Pulmonary Congestion & Heart failure

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thompson

Address

Blynden Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Annie E Sheffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stevenson station</u>		County <u>Balto</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
19 <u>80</u>	<u>Jan</u>	<u>14</u>	<u>46</u>		
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>York co Pa</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Daniel B. Sheffer</u>				
Father's Name <u>John J. Dattisman</u>	Father's Birthplace <u>York co Pa</u>				
Mother's Maiden Name <u>Lovina Shaffer</u>	Mother's Birthplace <u>York co Pa</u>				
Name of person giving Information <u>Daniel B Sheffer</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

Primary	<u>Rupture of vein in leg</u>	How long	<u>85</u>
Immediate	<u>loss of blood</u>	How long	<u>10 minutes</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

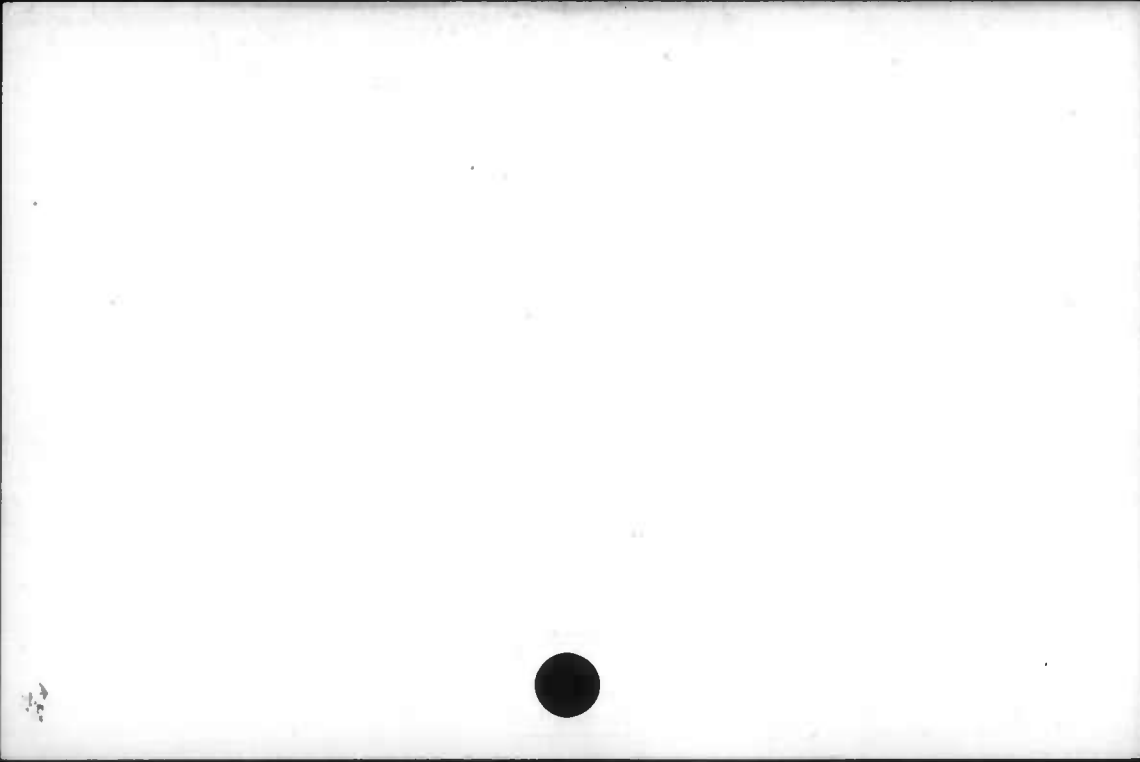
Morris Taylor
Address Pikesville

Accident or Suicide

Med

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Wilson C. Shorter

Philopolis

Town

Baltimore

County

MARYLAND

1900

Month

1

Day

23

Age

Years

19

Months

8

Days

0

Sex

male

Color or
Race

Black Col.

Birth-
place

Philopolis

Occupation

Carpenter

Where Residing if not
at place of death

Pawson

Married Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Wm Thomas Shorter

Fether's
Birthplace

Md.

Mother's
Maiden Name

Julia Madden

Mother's
Birthplace

Md.

Name of person giving
Information

Julia Shorter

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

3 months

Immediate

Exhaustion

How long

1 day -

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Wilmer C. Eason M.D.

Address

Cockeysville
Md.PHYSICIAN
OR CORONER

Accident or Suicide

No

To be buried Jan. 25/10
by W. C. Brooks - Philopoli
Ind. in Quaker Bottom Cemetery
Philopoli, Ind.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Jane Shortt</i>		Town <i>Bonans</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Bonans</i>		Month <i>1</i>		Day <i>28</i>		Years <i>72</i>	
Date of death <i>1916</i>		Month <i>1</i>		Day <i>28</i>		Age <i>72</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>England</i>		Months <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Gorach</i>		Months <i>—</i>		Days <i>—</i>	
Married, <input checked="" type="checkbox"/> Married <i>Married</i>		Name of Wife or Husband <i>James Shortt</i>		Months <i>—</i>		Days <i>—</i>	
Father's Name <i>J. M. Ingelfield</i>		Father's Birthplace <i>Eng</i>		Months <i>—</i>		Days <i>—</i>	
Mother's Maiden Name <i>Elizabeth Gilpin</i>		Mother's Birthplace <i>Eng</i>		Months <i>—</i>		Days <i>—</i>	
Name of person giving information <i>Mrs. Woody</i>		How related to deceased <i>Daughter</i>		Months <i>—</i>		Days <i>—</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac Hypertrophy</i>		How long <i>Two years</i>	
Immediate <i>Cardiac Asthenia</i>		How long <i>24 hours</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John D. Keenan</i>	
Address <i>428 Gorach Ave</i>		Accident or Suicide? <input checked="" type="checkbox"/>	

Sub. at Lander Park

Jan 31/910.

Wm Foot
to E. J. Parker.

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Chas. Jos. Singhas.*
Died at *Inver Hill* *Balt.*
Town County

Date of death 19*40* Month *1* Day *20* Age *—* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Christian J. Singhas.* Father's Birthplace *Virginia*

Mother's Maiden Name *L. Stump* Mother's Birthplace *"*

Name of person giving Information *F. J. Singhas.* How related to deceased *Brother*

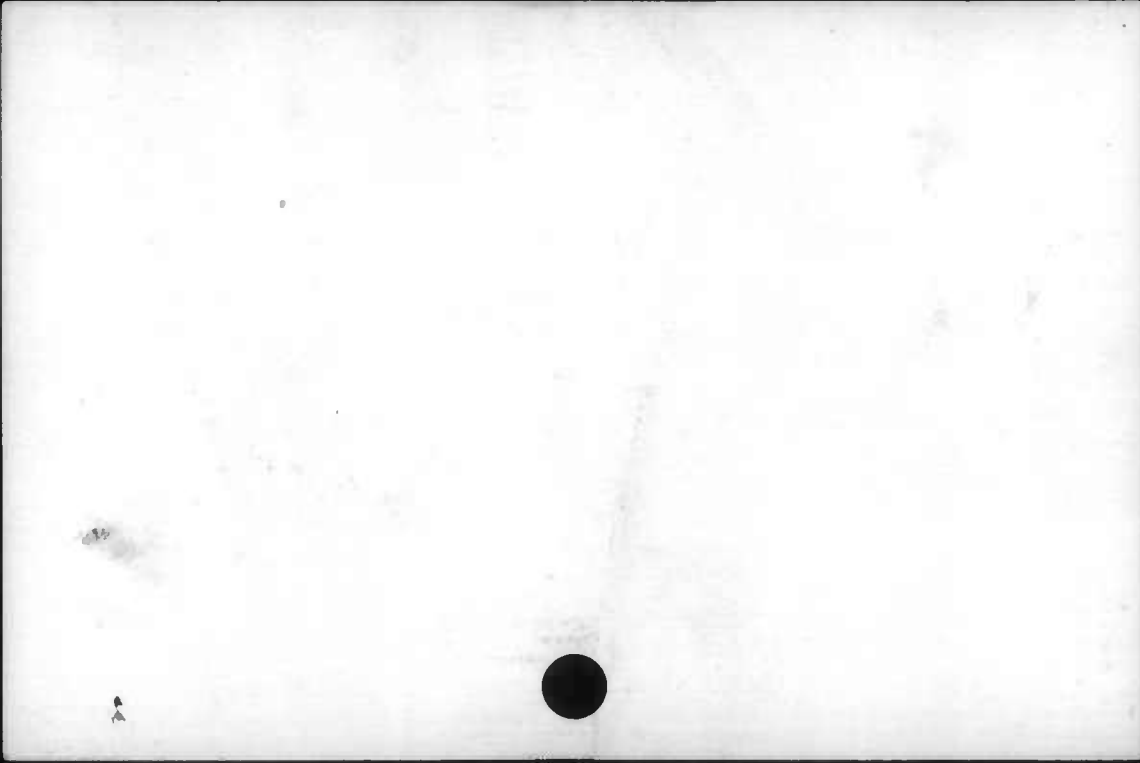
CAUSES OF DEATH

Primary *Colic Intestinal* *10¹/₂* How long *One day*

Immediate *Yes* Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Fred. Weber M.D.* Address *Albion Ind.*

Accident or Suicide

PHYSICIAN
OR
CORNER



Name
in
Full

Thomas R. Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gorans Town Balto County
 Date of death 1980 Month 1 Day 27 Age 63 Years
 Sex Male Color or Race White Birth-place Md
 Occupation Steam fitter Where Residing if not at place of death Gorans.
 Married, Single or Widowed Married Name of Wife or Husband Mary E. Skinner
 Father's Name William Skinner Father's Birthplace Md
 Mother's Maiden Name Mary A. Watts Mother's Birthplace Md
 Name of person giving Information Mary E. Skinner How related to deceased Wife.

CAUSES OF DEATH

Primary Paralysis How long 1 year
 Immediate Exhaustion How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. U. Duncan

Gorantown Md

Accident or Suicide

William Cook.

502 E. Waltham

London Park.

Cem

Name
in
Full

Not Named Smith

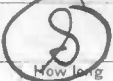
CERTIFICATE OF DEATH

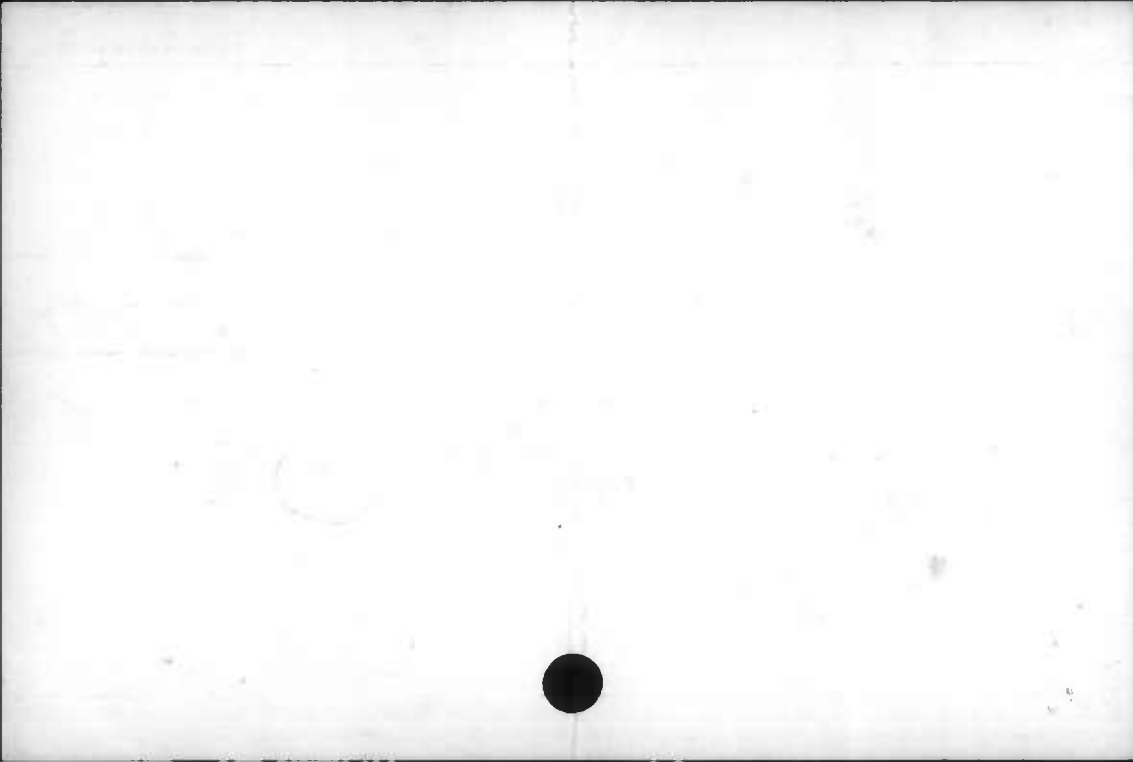
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Freedom</i>		Town <i>Ballou</i>		County		MARYLAND	
Date of death <i>1990</i>	Month <i>1</i>	Day <i>5</i>	Age <i>0</i>	Years	Months <i>0</i>	Days <i>0</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Near Freedom</i>			
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed _____			Name of Wife or Husband _____				
Father's Name <i>Charles H. Smith</i>			Father's Birthplace <i>Hoffmanville Ind</i>				
Mother's Maiden Name <i>Hester Marching</i>			Mother's Birthplace <i>Westminster Ind</i>				
Name of person giving Information <i>Chas. H. Smith</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Birth</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. S. M. Rush</i>	
		Address <i>Hampstead Ind. 6</i>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

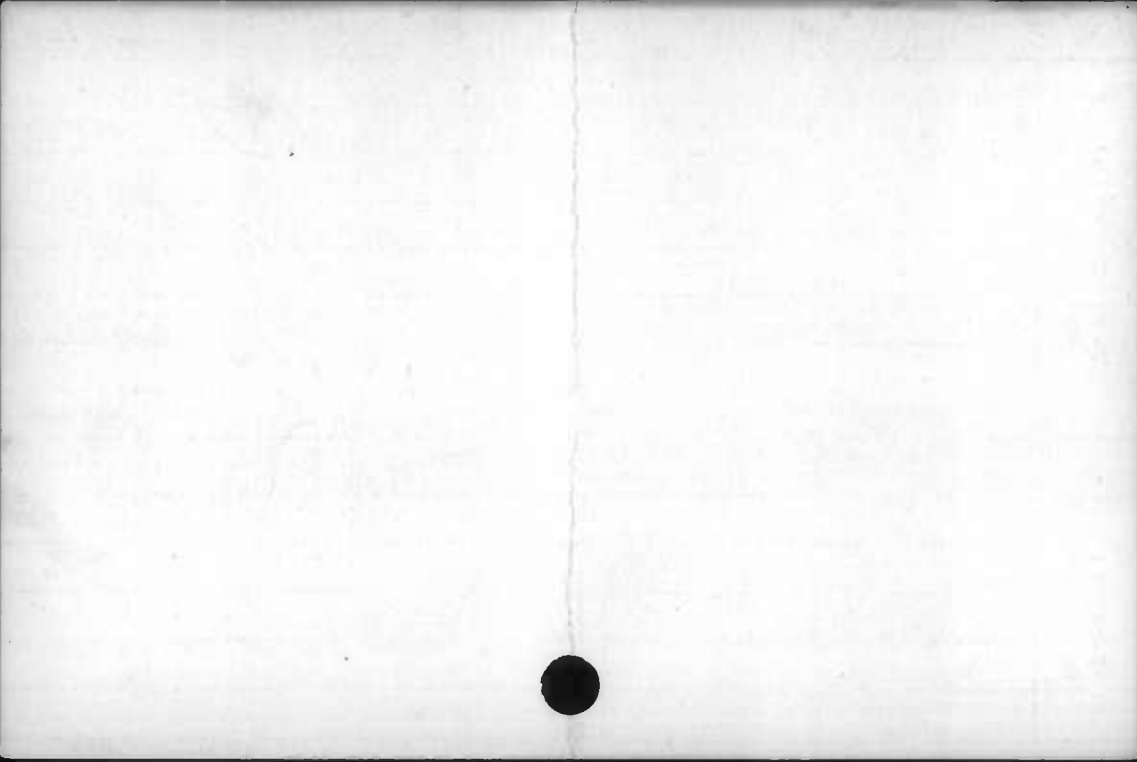
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Notch Cliff</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	<i>Jan.</i> <small>Month</small>	<i>15</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Notch Cliff, Balto. Co. Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>O. G. Smith</i>			Father's Birthplace <i>Wisconsin</i>		
Mother's Maiden Name <i>Mary E. Corrigan</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>O. G. Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>"Still Born"</i>	How long	<i>—</i>
Immediate	<i>"Still Born"</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Monius B. Green M.D.</i>	
		Address <i>Gittings Md.</i>	
Accident or Suicide?			



Name
in
Full

Hattie Louisa. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <u>Lauraville</u>		County <u>Balto.</u>	
Date of death	19 <u>40</u>	Month <u>Jan.</u>	Day <u>25</u>	Age <u>27</u>	Years <u>2</u>
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation	<u>None</u>		Birth-place	<u>Balto. Co. Md</u>	
Where Residing if not at place of death			<u>Lauraville, Md.</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Mr. Henry Smith</u>	
Father's Name	<u>William Morris</u>		Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Annie Meyers</u>		Mother's Birthplace	<u>Balto. City</u>	
Name of person giving information	<u>Mr. Henry Smith</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	<u>Diabetes Mellitus</u>	How long	<u>6 mo</u>
Immediate	<u>Exhaustive Coma</u>	How long	<u>48 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes.</u>	
Signature of Physician		<u>Henry A. Long M.D.</u>	
Address		<u>Hamlet, Md</u>	
Accident or Suicide?		<u>No</u>	

Henry Hook Junr

Baltimore Cemetery
1301 E Eager St.

Name
in Full

Osceola Stallworth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

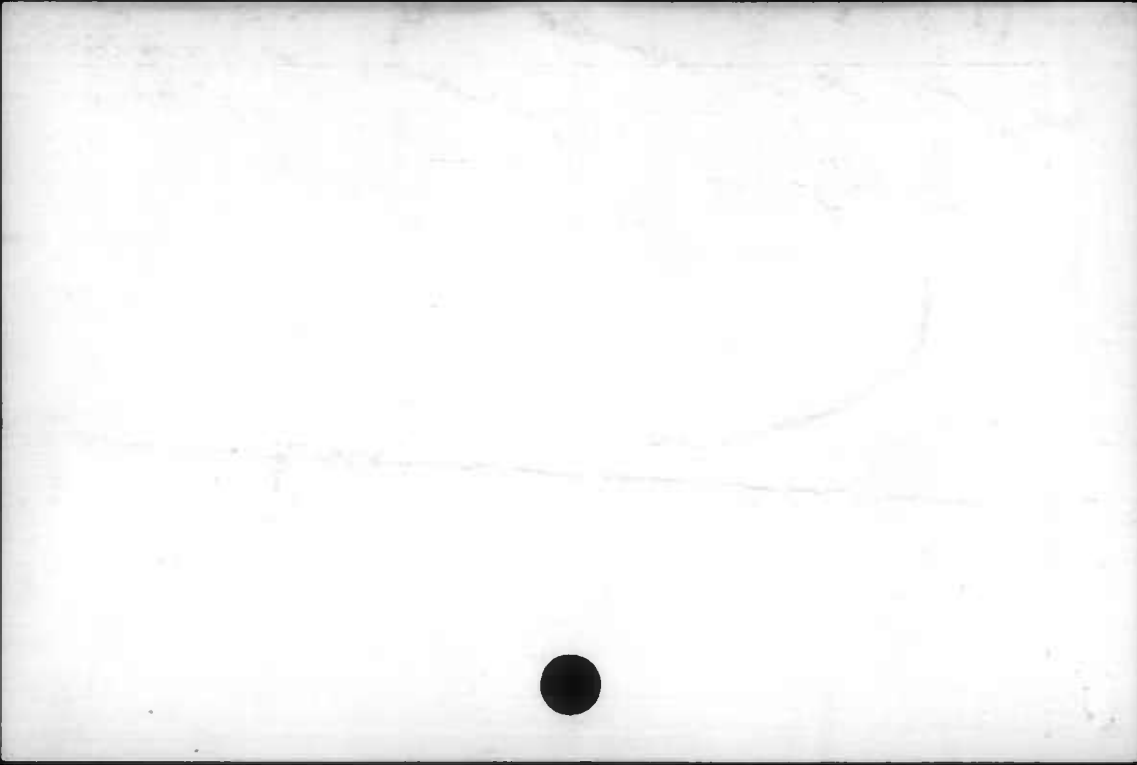
Died at <i>Grays</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1900 Jan 28</i>		Age <i>65</i>		Months Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Germany</i>	
Occupation <i>Cook</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lizanth Stallworth</i>			
Father's Name <i>Benj Stallworth</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Dora Knorr</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving Information <i>Lizanth Stallworth</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary Cause of Death <i>Cancer of Stomach</i>		How long <i>6 mos</i>
Immediate Cause of Death <i>Exhaustion</i>		How long <i>Progression</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. C. Smith</i>
		Address <i>Ellicott City</i>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

Allen B. Stansbury
Town *Arlington* County *Baltimore* MARYLAND

Diad at *Arlington*
Date of death 1900 *1* Month *18* Day *53* Age *53* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Houseman* Where Residing if not at place of death *Arlington*

Marriad, Single or Widowed *Married* Name of Wifa or Husband *Laurcl. Stansbury*

Father's Name *John D. Stansbury* Father's Birthplace *Ind.*

Mothar's Maiden Nama *Eliza Pendleton* Mother's Birthplace *England*

Nama of parson giving Information *Laura C. Stansbury* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Phthisis* How long *27*
Immediate *Exhaustion* How long *7 mos*

Are the name, aga, sex, color, date and place correctly given above? *yes* Signature of Physician *Edwin E. Jones*

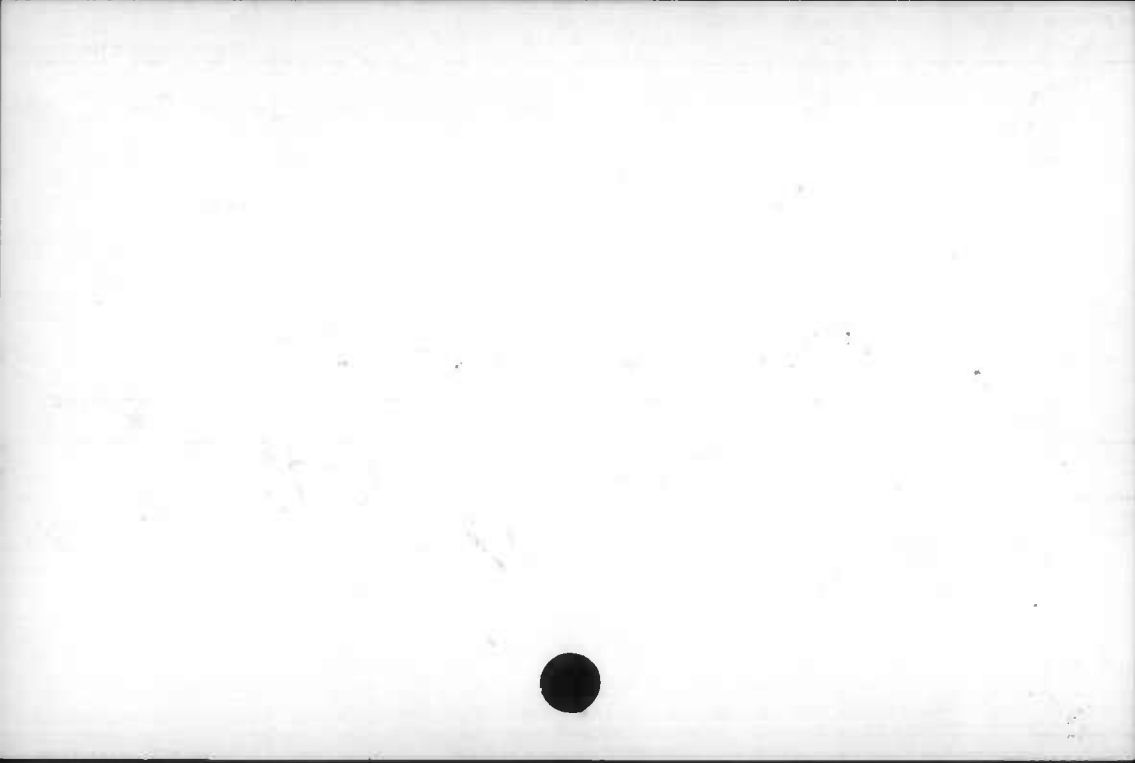
Address *Arlington Maryland*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph. J. Steinbacher		Town Fullerton		County Balto		MARYLAND	
Died at		Date of death 1910 Jan 16		Age 11		Months 11 Days	
Sex Male		Color or Race White		Birth-place Fullerton, Ind.			
Occupation		Where Residing if not at place of death Fullerton, Ind.					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name George Steinbacher		Father's Birthplace Ind.					
Mother's Maiden Name Clara Weibert		Mother's Birthplace Ind.					
Name of person giving information George Steinbacher		How related to deceased Father					

CAUSES OF DEATH

(92)

PHYSICIAN
& CORONER

Primary Capillary Bronchitis (Broncho-pneumonia)	How long About 4 Days
Immediate Failure Vital Forces - (convulsions)	How long Several hours
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Lingard D. Whitford
So best of my knowledge	Address Fullerton, Md.
Accident or Suicide? _____	

Holy Redeemer
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

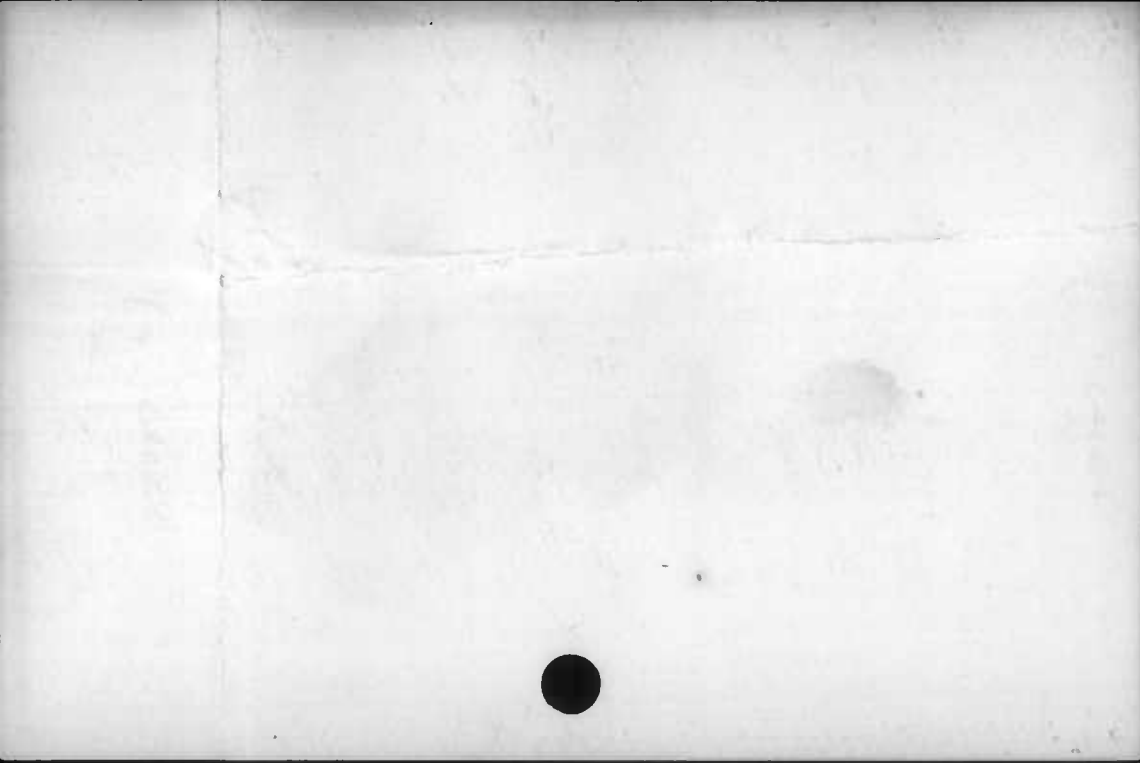
Died at <i>White Hall</i> <small>Town</small>		<i>Balto Co</i> <small>County</small>		MARYLAND	
Date of death <i>1960</i>	<i>Jan</i> <small>Month</small>	<i>14</i> <small>Day</small>	<i>76</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thomas Stiffler</i>				
Father's Name <i>Arthur Hunt</i>	Father's Birthplace <i>Balto Co</i>		Mother's Birthplace <i>Don't know</i>		
Mother's Maiden Name <i>Mary Knight</i>	Name of person giving information <i>George Hunt</i>		How related to deceased <i>Brother</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>6 or 7 hours.</i>
Immediate <i>Apoplexy</i>	How long <i>Short time.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Thomas C. Baedwin</i>
	Address <i>White Hall Md.</i>



Name
in
Full

Charles Stockman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hamilton Town Baltimore County

Date of death 1900 Month Jan. Day 13 Age 72 Years Months 11 Days 29

Sex male Color or Race White Birth-place Germany

Occupation Cigar maker Where Residing if not at place of death —

Married, Single or Widowed Widower Name of Wife or Husband Kate

Father's Name Henry Stockman Father's Birthplace Germany

Mother's Maiden Name unknown Mother's Birthplace "

Name of person giving information Mary Glass How related to deceased daughter

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary uremic poisoning of Bright's How long several days 5 months

Immediate Organic heart trouble How long several years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Dr. B. C. E. Vogler

Address Hamilton Ave + Bayard Road
Baltimore 60 H. Hamilton

Accident or Suicide? —

Wendell Dwyer
Holy Redeemer Cemetery,

Name
in
Full

Naomi E. Swartzback

CERTIFICATE OF DEATH

MARYLAND

Died at *Highlandtown* Town*Balto.* County

Date

of death

1900

Month

Jan.

Day

14

Age

Years

-

Months

8

Days

21

Sex

*Female*Color or
Race*white*Birth-
place*Baltimore*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*John J. Swartzback*Father's
Birthplace*Md.*Mother's
Maiden Name*Florance W. Muesink*Mother's
Birthplace*Baltimore*Name of person giving
Information*John J. Swartzback*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Capillary Bronchitis

Immediate

*Paralysis of Heart*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

J. C. Schaefer
148. Fourth St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER

1

H. Sanders & Sons,
Baltimore Annotary,
Jan. 16th - 1909.

W. D. Phelps

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Annie E. Paylor

Died at Georgetown Balto MARYLANDDate of death 1990 11 20 Age 1 2 Months 2 DaysSex Female Color or Race White Birth-place MdOccupation none Where Residing if not at place of death # 7. Brehus lane~~Married, Single~~ Single Name of Wife or HusbandFather's Name John W. Paylor Father's Birthplace BaltoMother's Maiden Name Daisy A. Stetser Mother's Birthplace MdName of person giving Information John W. Paylor How related to deceased Father

CAUSES OF DEATH

Primary ~~Smothering~~ Asphyxiation of Coal oil How long 20 hoursImmediate Selamptin How long one hourAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician St. J. L. LonerdaAddress 1804 E. Bay StAccident or Suicide No CityPHYSICIAN
OR CORONER

Baltos Cem

Jan 26th 1960

W^m Cook

Name
in
Full

CERTIFICATE OF DEATH

Minna Piers

Town

County

MARYLAND

Died at

Brooks Hill Baltimore

Date

Month

Day

Years

Months

Days

of death

1930 Jan 7 Age 53

Sex

Female

Color or
Race

White

Birth-
place

Russia

Occupation

Housework

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of
Husband

Gottlieb Piers

Father's
Name

Joseph Brotopski

Father's
Birthplace

Russia

Mother's
Maiden Name

Not Known

Mother's
Birthplace

Not Known

Name of person giving
Information

John Piers

How related
to deceased

Son

CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

about 1 week

Immediate

Cardiac Exhaustion

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Geo. Heller, M.D.

Address

1937 Gough St

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER

1

Oak Lawn Germ.

Jan 9/10

H. Sander & Sons

Name
in
Full

Lisa Wyatt Tiffany

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lutherville</u> ^{Town}		<u>Balto Co</u> ^{County}		MARYLAND	
Date of death <u>1900</u>	Month <u>January</u>	Day <u>8</u>	Years <u>45</u>	Months <u>10</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>George Peabody Tiffany</u>				
Father's Name <u>Charles Handfield Wyatt</u>	Father's Birthplace <u>Baltimore Md</u>				
Mother's Maiden Name <u>Lisa K. Kneeland</u>	Mother's Birthplace <u>New York</u>				
Name of person giving information <u>Charles H. Wyatt</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <u>Lobar Pneumonia</u>	How long <u>nine days</u>
Immediate <u>Pericarditis</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. Tibbons Truack</u>
	Address <u>Lutherville</u>
Accident or Suicide? <u>9</u>	

Henry W. Jenkins and Sons Co

Greenmount Tenn

Monday January 10th / 90

Name
in
Full

Hezekiah Tillman

CERTIFICATE OF DEATH

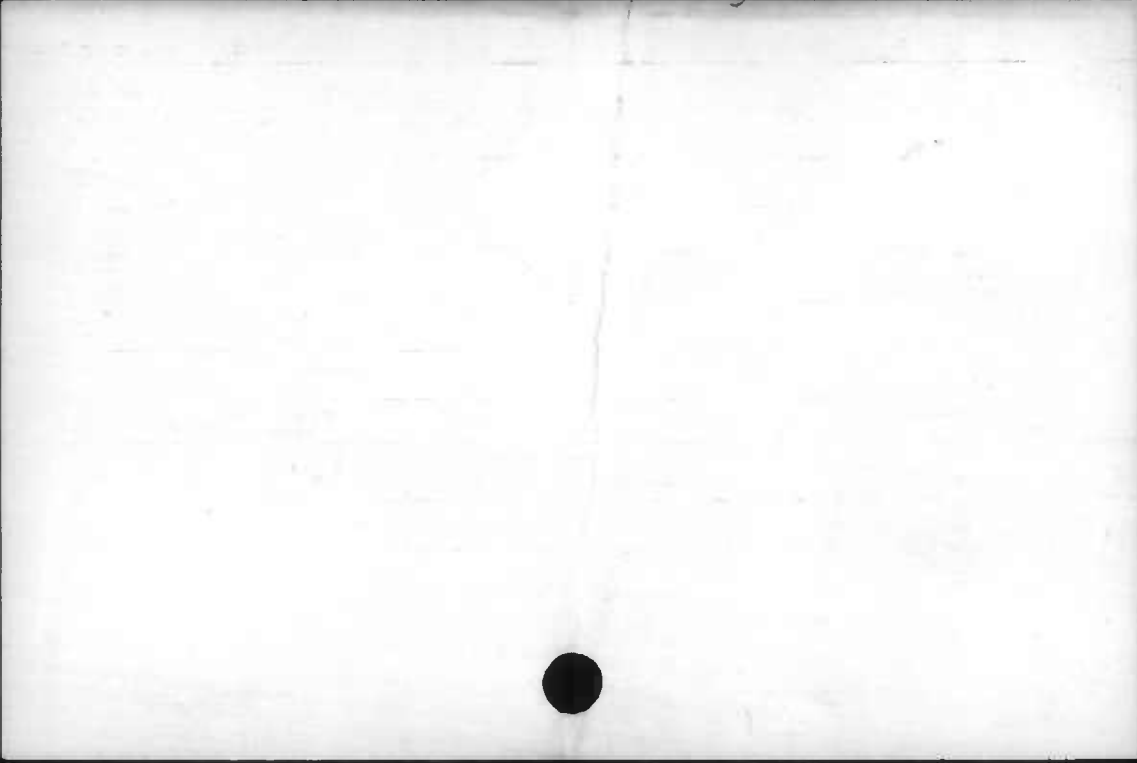
Died at <i>Roslyn</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1960</i>	<i>1</i> ^{Month}	<i>24</i> ^{Day}	Age <i>63</i> ^{Years}	<i>4</i> ^{Months}	<i>7</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balt. City</i>		
Occupation <i>Labourer</i>	Where Residing if not at place of death <i>Roslyn</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha Tillman</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Do not know</i>				
Name of person giving Information <i>Ch. N. Smith</i>	How related to deceased <i>None</i>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>14 days</i>
Immediate <i>Cardiac Asthma</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. J. Buppert</i>
	Address <i>Roslyn Baltimore</i>
Accident or Suicide <i>—</i>	

PHYSICIAN
CORNER



Name
in
Full

CERTIFICATE OF DEATH

Elizabeth Tracy
Died at *Jersey* *Balti-*

MARYLAND

Date of death 19010 Jan 27 Age 74

Sex *Female* Color or Race *White* Birthplace *Balti. Co.*

Occupation *Domestic* Where Residing if not at place of death *Jersey Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm Tracy*

Father's Name *Richard Gallion* Father's Birthplace *Harford Co.*

Mother's Maiden Name *Lucy Middle Edith* Mother's Birthplace *Harford Co.*

Name of person giving information *Jim Tracy* How related to deceased *Son*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *20 yrs.*
Immediate

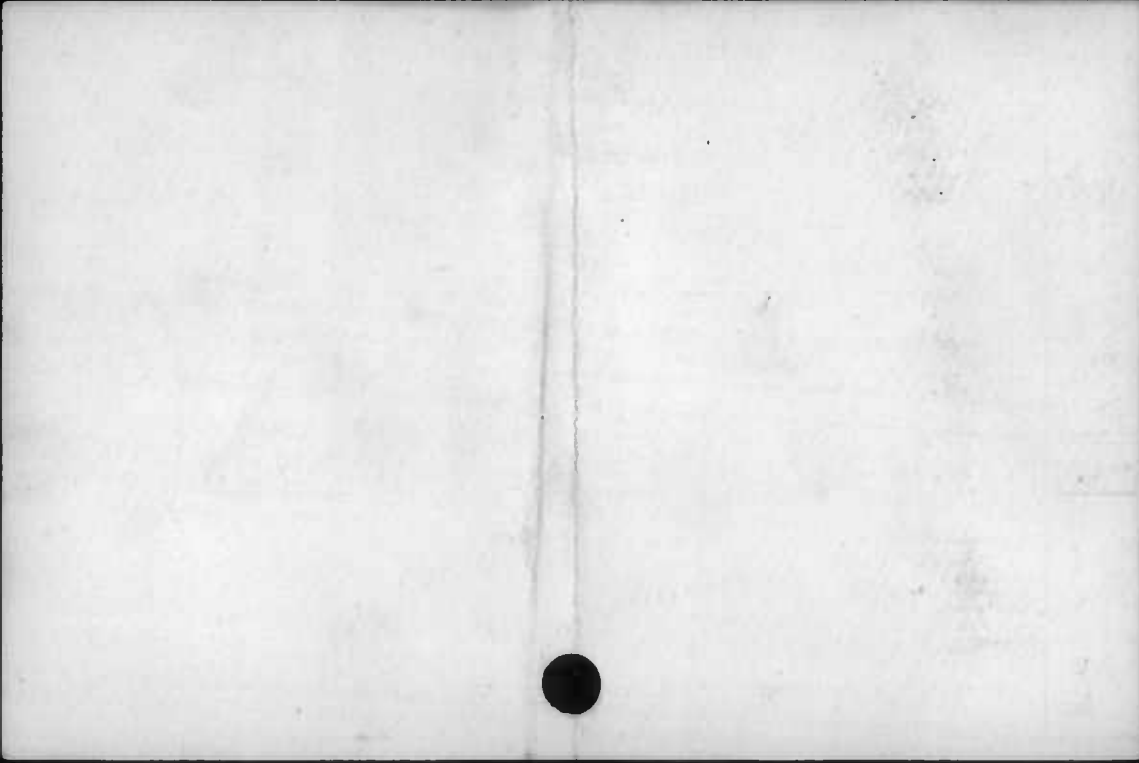
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. F. Bussay*
Address *Jersey Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ruststown*

Baltimore

Date of death 19*40* Jan

Day 12

Age 80

Months 9

Days -

Sex *Male*

Color or Race *Colored*

Birth-place *Kent. Co. Md*

Occupation *Laborer*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband *Rebecca A. Trusty*

Father's Name *Stephen Trusty*

Father's Birthplace *Kent. Co. Md*

Mother's Maiden Name *Villette Wallace*

Mother's Birthplace *Kent Co Md*

Name of person giving Information *Rebecca A Trusty*

How related to deceased *wife*

CAUSES OF DEATH

79

Primary *General Dropsy, Mitral*

How long *One Year*

Immediate *Cardiac Deedema*

How long *10 days.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

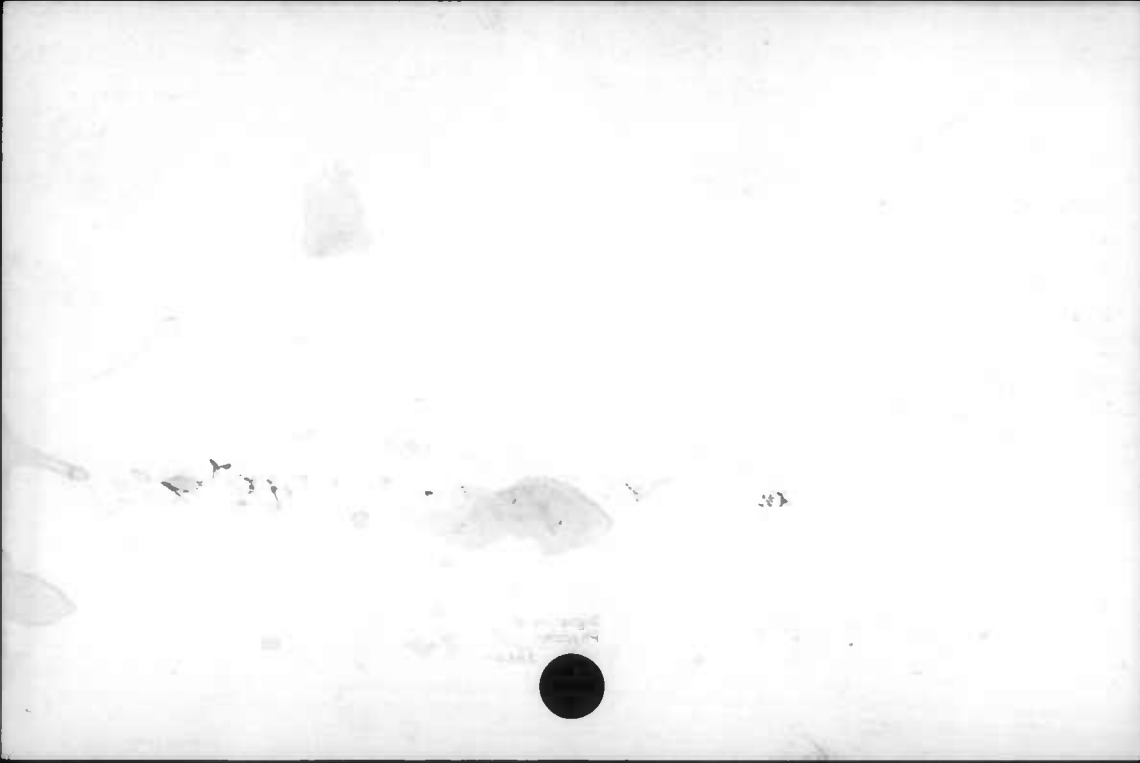
James Goss M.D.
Ruststown Md.

Address

PHYSICIAN
OR CORNER

1

Accident or Suicide



Name
in
Full

Ellen Jane Turnbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

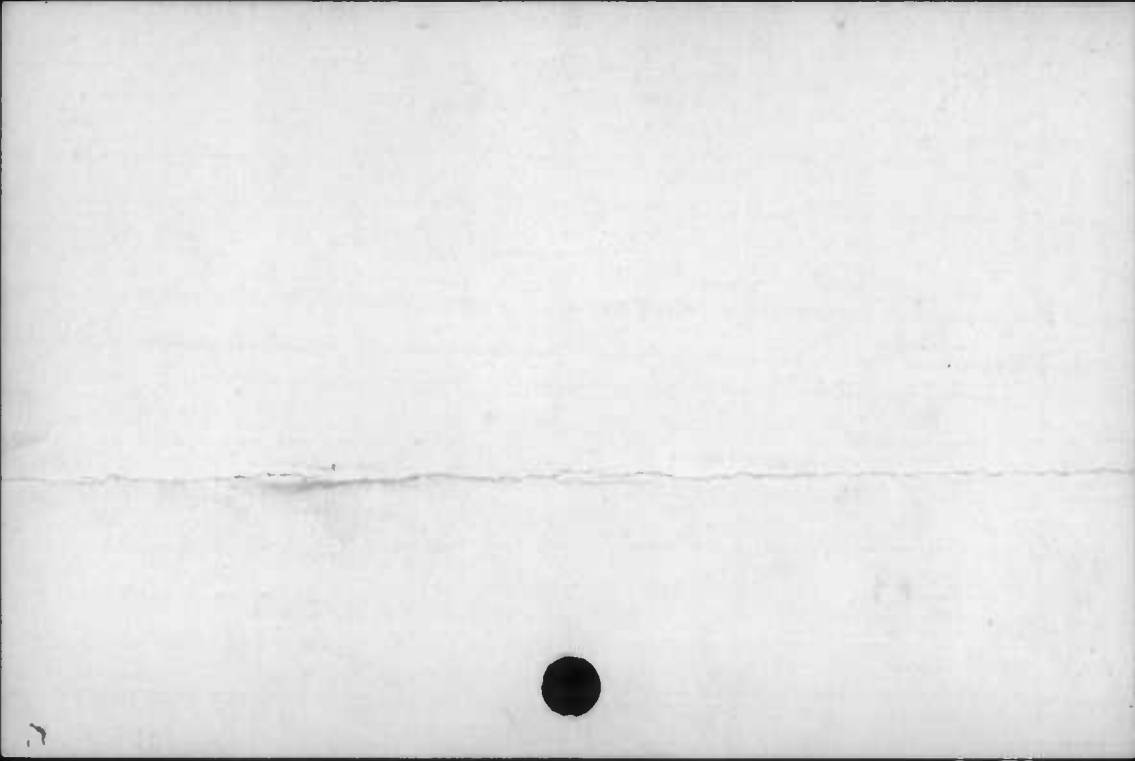
Died at <u>Freeland</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u>	<u>Jan</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>about 67</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth place <u>York Co. Pa</u>			
Occupation <u>Homemaker</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Richard Turnbaugh</u>				
Father's Name <u>Arthur Shaw</u>	Father's Birthplace <u>Pa</u>		Mother's Birthplace <u>Pa not known</u>		
Mother's Maiden Name <u>Do not know</u>	Name of person giving information <u>Richard Turnbaugh</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Nephritis</u>	How long <u>3 Months</u>
Immediate <u>Acute Bronchial Asthma</u>	How long <u>35 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Joseph T Baedwin</u>
	Address <u>Freeland</u>
Accident or Suicide?	<u>Baltimore Co.</u>



Name
in
Full

Not named Turnbaugh

CERTIFICATE OF DEATH

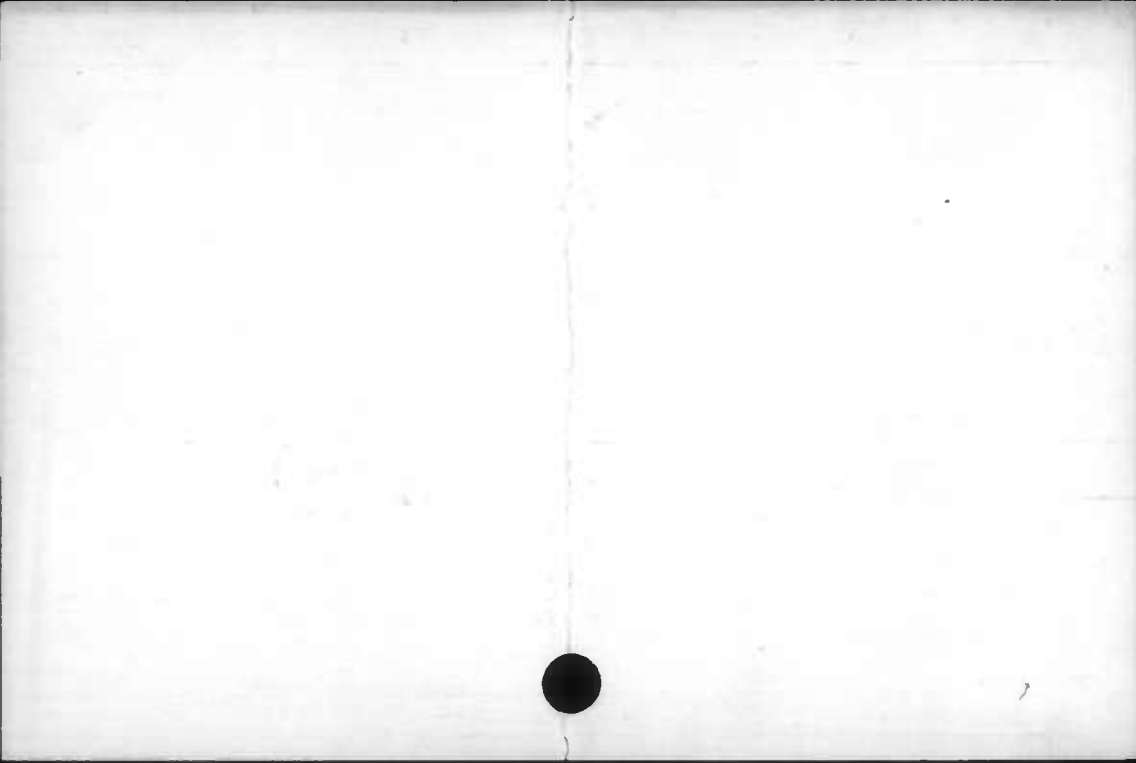
TO BE ANSWERED BY
NEAREST FRIEND

Diad at		Town		County		MARYLAND	
1 year		Parkston		Ballo			
Date of death		Month	Day	Age	Years	Months	Days
1900		1	2	0	0	0	0
Sex		Color or Race		Birth-place			
Female		White		Parkston Ind			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Fether's Name				Father's Birthplace			
William H Turnbaugh				Ind			
Mother's Maiden Name				Mother's Birthplace			
Mary L. Shipper				Tunonium Ind			
Name of person giving Information				How related to deceased			
Dr W. H. Turnbaugh				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Still Born			
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr D. M. Resh	
		Address	
		Hampshire Ind	
Accident or Suicide			



Name
in
Full

Charles Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *St Maury Industrial School* ^{Town} *Baltimore* ^{County}

MARYLAND

Date of death *1960* ^{Month} *January* ^{Day} *12* ^{Years} *15* ^{Months} *4* ^{Days} *18*Sex *Male* Color or Race *White* Birth-place *Baltimore Co*Occupation *School attendant* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *X*Father's Name *Conrad Turner* Father's Birthplace *Baltimore*Mother's Maiden Name *(deceased) Kate Tolson* Mother's Birthplace *Baltimore*Name of person giving information *Asst Supton MD* How related to deceased *none*

CAUSES OF DEATH

109
*How long 12 hours*Primary *acute indigestion*Immediate *Heart Syncope* *Sudden*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Asst Supton MD
432 McHenry St

Accident or Suicide?

Mt Carmel Cemetery

F. A. Krause & Bro

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary Ulbrich</i>		Town <i>Andover Hills</i>		County <i>Balto Co</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>Andover Hills</i>		<i>1940 Jan 23</i>		<i>66</i>		<i>4 27</i>	
Sex <i>Female</i>		Color or Race <i>W</i>		Birth-place <i>Balto Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William Ulbrich</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Christine Schmelz</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Mrs Fred Heubert</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary <i>Cardiac atrophy</i>		How long <i>Unknown</i>	
Immediate <i>Pulmonary congestion</i>		How long <i>14 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ed Warner, M.D.</i>	
		Address <i>1138 Valley W</i>	
Accident or Suicide?			

but - of the
country

Mrs. A. Rohde & Son
730 Penna Ave.
interment Mt. Olivet
Cem.

Catherine Vontramm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at 3212 Hudson St. Canton ^{Town} Balto ^{County}

MARYLAND

Date of death 190 Jan 19 Day Age Years Months Days 1 week

Sex Female Race White Birthplace Central Falls, N.Y.

Occupation	Where Residing if not at place of death
------------	-----------------------------------------

Married , Single or Widowed	Name of Wife or Husband	<u> </u>
------------------------------------------------------	-------------------------	-----------------------------

Father's Name John Kontar

Father's Birthplace

Mother's
Maiden Name *Friedricha Bell*

Mother's Birthplace 

Name of person giving Information Friedrich Drell

How related to deceased with

CAUSES OF DEATH

Primary *Icterus Neotrimus*

How long 1 day

Immediate

How long 1 day

Are the name, age, sex, color, date
and place correctly given above? y ea

Signature of Physician N. M. Wright

Address Carlinx O'Donnell & Co. - Portland.

Accident or Suicide

J. C. Schuchman
3415 E Baltimore St
Sacred Heart cemetery
Jan. 20, 1910

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDJohn M. Walstrum
Died at *St. Agnes Hospital* *Baltimore*

Town

County

MARYLAND

Date
of death *1900*

Month

Jan.

Day

23

Years

Age

65

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*

Occupation

*Ice Business*Where Residing if not
at place of death*Violettsville, Md.*Married, Single
or Widowed*Married*Name of Wife or
Husband*Mrs. Eliza Walstrum*Father's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Unknown*Mother's
Birthplace*Unknown*Name of person giving
In formation*Hospital Record*How related
to deceased

CAUSES OF DEATH

*64*PHYSICIAN
OR CORONER

Primary

Apoplexy

How long

5 days

Immediate

Pneumonia

How long

*3 days*Are the name, age, sex, color, date,
and place correctly given above?*Yes*Signature of
Physician

Address

Allen Graham
St Agnes Hospital

Accident or Suicide?

No

Name
in Full

Nancy Streett Waters

CERTIFICATE OF DEATH

Died at

Gobans

County

Baltimore

MARYLAND

Date

of death 1900

Month

Jan

Day

4

Years

Age 14

Months

13

Days

5

Sex

Female

Color or
Race

White

Birth-
place

Anne Arundel Co. Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Abraham Streett Waters

Father's
Birthplace

Hanford Co. Md.

Mother's
Maiden Name

Elizabeth Green

Mother's
Birthplace

Hanford Co. Md.

Name of person giving
Information

Elizabeth G. Waters

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Chronic Parenchymatous nephritis

How long

10 mo.

Immediate

Exhaustion + heart paralysis

How long

3 da.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

E. C. Whitney M.D.
1103 Linden Ave Balt. Md.TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Accident or Suicide

Yes.

Place of burial, Forrest Hill, Harford Co., Md.

Undertakers, Henry W. Mears & Son.

Name
in
Full

Mary Marie Weitzel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Highland* Town*Baltimore* County

MARYLAND

Date
of death *1910*Month
*Jan.*Day
25

Age

Years
*1*Months
*10*Days
*10*Sex *Female*Color or
Race*White*Birth-
place*Maryland*

Occupation

*None*Where Residing if not
at place of death*—*Married, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Pilghman Weitzel*Father's
Birthplace*Maryland*Mother's
Maiden Name*Sarah V. Pugh*Mother's
Birthplace*Maryland*Name of person giving
Information*Pilghman Weitzel*How related
to deceased*Father*

CAUSES OF DEATH

*104*PHYSICIAN
OR CORONER

Primary

Gastro-Enteritis + Bronchitis

How long

1 wk.

Immediate

Exhaustion

How long

*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Benj. J. Hayden*

Address

1316 N. Caroline St. Balt. Md.

Accident or Suicide?

Mr. Cannel

Jan 27th 1910

H. Sanders Jr.

Name
in
Full

Philip Weller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Eudowood Sanatorium Balto. County

Date of death 1980 Month Jan Day 2 Age 39 Years Months 1 Days 1

Sex Male Color or Race White Birth-place unknown

Occupation Schictor Where Residing if not at place of death Mt Carmel

Married, Single or Widowed Married Name of Wife or Husband Francis Weller

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving Information unknown How related to deceased J F

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 2 yrs.

Immediate Respiratory Failure

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician Josephus A. Wright

Address Eudowood Sanatorium, 1
Towson Md,
Assis Fank Res. Physician

Accident or Suicide

PHYSICIAN
OR CORNER



Mt Carmel Conn.
H. Sander Sons
Jan. 24/10

Name
in Full

Miss. Sarah E. Welsh

CERTIFICATE OF DEATH

Died at ^{Town} Mt Washington ^{County} Baltimore MARYLAND

Date of death ^{Month} 12 ^{Day} 10 ^{Year} 1901 ^{Age} 71 ^{Months} 10 ^{Days} 15

Sex female Color or Race white Birth-place Portland Md

Occupation Retired School teacher Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband Single

Father's Name John Welsh Father's Birthplace Ireland

Mother's Maiden Name Susan Walters Mother's Birthplace New Brunswick Mt

Name of person giving Information Mrs Gertrude Bond How related to deceased Sister-in-law

CAUSES OF DEATH

Primary Diabetes How long 50 About 8 yrs

Immediate Heart Disease Nephritis How long 1 year

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician William J. Todd

Address Mt Washington Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



St Mary's Cemetery.
Hampden.

Jos B. Cook
Undertaker

Name
in
Full

Harrett Anne Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Crowdenville</u>		County <u>Bolton Co</u>		MARYLAND	
Date of death <u>1940</u>	Month <u>Jan</u>	Day <u>8</u>	Years <u>53</u>	Months <u> </u>	Days <u> </u>
Sex <u>female</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation <u>domestic</u>	Where Residing if not at place of death <u>resided at place of death</u>				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Christopher Williams</u>				
Father's Name <u>Charles Johnson</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Araminta Chase</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving Information <u>Charles A Williams</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>Grippe Bronchitis</u>	How long <u>14 days</u>
Immediate <u>same</u>	How long <u>14 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Arthur Williams</u>
	Address <u>512 Ridge Rd</u>
Accident or Suicide <u>no</u>	

Geo. J. Cooper

Crowdenwider

Name
in
Full

Samuel Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND		
Date of death 19 <i>10</i> <small>Year</small>		<i>Jan</i> <small>Month</small>	<i>12</i> <small>Day</small>	<i>35</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>No</i>		Occupation <i>Horse Man</i>				
Name of Wife or Husband <i>—</i>						
Father's Name <i>Benjamin Williams</i>				Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Ella Williams</i>				Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>John Williams</i>				How related to deceased <i>Brother</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>10 days</i>
Immediate <i>Congestion of Lungs</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edwin E. Jones</i>
	Address <i>Arlington Md.</i>
Accident or Suicide? <i>—</i>	

Caston Sons.

Name
in
Full

Roland R. Young.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lansdowne</i> -		County <i>Baltimore</i>		MARYLAND	
Date of death 19 <i>11</i>	Month <i>January</i>	Day <i>26</i>	Age <i>19</i>	Years <i>7</i>	Months <i>21</i>
Sex <i>Male</i> -	Color or Race <i>White</i> -	Birth-place <i>Howard Co. Md.</i>			
Occupation <i>none</i> -		Where Residing if not at place of death -			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Single</i> -			
Father's Name <i>John R. Young.</i>		Father's Birthplace <i>Hartford, Ct.</i>			
Mother's Maiden Name <i>Sarah J. Johnson.</i>		Mother's Birthplace <i>Howard Co.</i>			
Name of person giving information <i>Sarah J. Young</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>7 months</i>
Immediate <i>Exhaustion</i> -	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Rubel</i>
	Address <i>Lansdowne, Balt Co, Md.</i>
Accident or Suicide? <i>?</i>	

William Cook,
Savage -
Howard Co.
Md.

Name
in
Full

Unknown Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Green Spring Valley ^{County} Baltimore MARYLAND
Date of death 1980 / 1 / 20 Age newly born -
Sex Female Color or Race white Birth-place unknown
Occupation none Where Residing if not at place of death unknown
Married, Single or Widowed Single Name of Wife or Husband none
Father's Name unknown Father's Birthplace unknown
Mother's Maiden Name unknown Mother's Birthplace unknown
Name of person giving Information J. H. Bragg How related to deceased none

CAUSES OF DEATH

Primary Found buried, much How long 189
Immediate decomposed - Cause of death unknown How long
Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Henry A. Naylor, H. O.
Address Pikesville Md.
Accident - Suicide unknown -

PHYSICIAN
OR CORONER

